A QUESTION OF INFLUENCE

CURRICULUM SUPPLEMENT

A TEACHER'S DRUG EDUCATION RESOURCE FOR HEALTHY LIVING

GRADES 7-9

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SECTION 1

SECTION ONE.
JUNIOR HIGH ALCOHOL AND OTHER DRUG EDUCATION:
LAYING THE FOUNDATION

THE IMPORTANCE OF SCHOOL DRUG EDUCATION

THE IMPORTANCE OF SCHOOL DRUG EDUCATION

Substance abuse exacts a very significant toll in Nova Scotia[1]. In addition to the considerable physical and emotional trauma associated with substance-use problems in the lives of individuals, families, and communities, the burden on the public purse in terms of health, social, productivity, and criminal justice costs are very large[2]. To avoid these costs, an array of programs-spanning health promotion, prevention, early intervention, treatment, enforcement, and harm reduction-have been established in this province. Among these various options, primary or universal prevention looms large. In fact, due to the potential inherent in the educational process, expectations may be greatest for school drug education. Are these expectations fair? The answer is, "yes and no."

Educators have a definite role to play in preventing substance abuse, but they cannot be expected to carry the whole load. This is because many of the factors that can influence youthful substance use lie beyond the school grounds. Today's young people are growing up in a world that tolerates more forms of substance use, both medical and non-medical, than at any other time in history.

As a society, there is a need to establish health-promoting policies governing the control, promotion, and availability of the various legal and illegal substances. At the local level, many others need to play a role in preventing substance-use problems among youth. Parents have perhaps the largest role to play, and definitely need to be involved in finding solutions. So also do youth groups such as Girl Guides, Scouts, boys and girls clubs, and cadets, which engage youth in alternative activities and are in a position to deliver evidence-based preventative programming. Fully comprehensive prevention needs to involve many who have not traditionally been seen as players, such as media outlets, urban planners, housing authorities, shopping mall management, and employment policy makers.

Nevertheless, school drug education can have an important impact on community substance-use problems. On the basis of thousands of studies over the past 30 years, "best practices" are now clearer than ever. It can now be said with some confidence that ongoing delivery of evidence-based drug education programs through the junior high school years can, when delivered as intended, clearly delay use of substances and quite possibly reduce associated problems through a critical period of development when substance use tends to escalate. Because of this effectiveness, school drug

[1] Because tobacco use is addressed in *Smoke-Free for Life, Grades Seven to Nine: A Smoking Prevention Curriculum Supplement* (1992; updated 2002), this supplement does not address tobacco use.

[2] The most recent cost estimate was $1.2 billion per year in Nova Scotia (Canadian Centre on Substance Abuse, 2002).

education represents a sound public investment. A recent cost analysis of a school drug education program (Caulkins, 2002) found that for every $150 USD invested per participant in a program, $840 USD is saved in health-care, economic, and social costs.

School drug education is an important element in the overall response to Nova Scotia's substance-use issues, and it is the intent of this supplement to empower teachers and students to actively contribute to this response.

References

Single, E. et al. (1996). *The costs of substance abuse in Canada*. Ottawa, ON: Canadian Centre on Substance Abuse.

Caulkins, J. et al. (2002). *School-based drug prevention: What kind of drug use does it prevent?* Santa Monica, CA: RAND Corporation.

Rehm, J., Baliunas, D. Brochu, S. Fischer, B., Gnam, W., Patra, S., et al. (2006). *The cost of substance abuse in Canada – Full report and tables.* Ottawa, ON: Canadian Centre on Substance Abuse.

BACKGROUND

The Nova Scotia Department of Health Promotion and Protection (NSHPP) in collaboration with the Nova Scotia Department of Education has prepared this curriculum supplement to replace the 1994 publication *Making a Difference: Curriculum Supplement, A Teacher's Drug Prevention Resource for Junior High Personal Development and Relationships*. In doing so, NSHPP was guided closely by

- Nova Scotia Department of Education curriculum requirements described in *Learning Outcomes Framework, Health/Personal Development and Relationships, Grades 7-9* (2007)
- the most recent statistical information available on student drug use (*Nova Scotia Student Drug Use Survey, editions 2002 and 2007*)
- suggestions stemming from student-teacher consultations
- best practices arising from a review of the scientific literature

Links to the Nova Scotia Department of Education Curriculum Outcomes

Following are the curriculum outcomes requirements for Health/Personal Development and Relationships (Health/PDF), grades 7-9, that most closely pertain to drug education[3] and are addressed in this supplement.

GRADE 7

- Identify positive and negative reasons for taking risks. (B3.1)
- Identify and practise strategies for making decisions that involve risk. (B3.4)
- Describe the effects of alcohol, cannabis, and tobacco on the body systems. (B3.5)
- Identify factors that influence the risk level of alcohol and cannabis use. (B3.6)
- Identify personal, social, and cultural influences related to alcohol, cannabis, and other drug use. (B3.7)
- Demonstrate the ability to set and maintain personal limits in a variety of decision-making situations involving peers. (B4.2)
- Identify and practise assertive ways of refusing a ride with a driver who is under the influence of alcohol or cannabis. (B4.3)
- Demonstrate an awareness of adolescents as a target population for consumer marketing. (C3.2)

[3] Learning themes and activities in this supplement address those departmental outcomes in the context of alcohol, cannabis, and other drug use and exclude specific references to tobacco and gambling. Teachers may refer to the two additional curriculum supplements (*Smoke-free for Life* and *Drawing the Line*) described on pages 25–26 for information on these topics.

GRADE 8

- Evaluate the role of the media in promoting alcohol and other drug use. (B3.4)
- Demonstrate knowledge of laws related to alcohol, cannabis, other drugs, and gambling. (B3.5)
- Demonstrate an understanding of the risks associated with the use of alcohol, cannabis, and other drugs. (B3.6)
- Identify personal, social, and cultural influences related to alcohol, cannabis, other drug use, and gambling. (B3.7)
- Demonstrate an understanding of the effect in the family of harmful involvement with alcohol, cannabis, other drugs, and gambling. (B3.8)
- Identify and practise strategies for avoiding potentially dangerous situations. (B4.2)
- Compare their families' values and attitudes with their own. (C1.2)
- Evaluate the impact of the media on self-image and lifestyle choices. (C3.1)

GRADE 9

- Identify high-risk behaviours related to alcohol, cannabis, and other drug use. (B3.1)
- Identify risks of alcohol, cannabis, tobacco, and other drug use during pregnancy. (B3.3)
- Identify risks associated with use of alcohol, cannabis, and other drugs. (B3.6)
- Identify social costs related to harmful involvement with alcohol, cannabis, other drugs, and gambling. (B3.7)
- Identify signs and stages of dependence on a substance or behaviour. (B3.8)
- Demonstrate an awareness of ways that attitudes and laws related to alcohol and drugs have changed over time. (C3.2)
- Identify and practise strategies for helping a friend who is having problems with alcohol, other drugs, gambling, or other behaviours. (D2.1)
- Identify ways that community-based services support the prevention and treatment of addictions. (D2.2)
- Identify and practise strategies for dealing with the challenges of peer relationships. (D3.2)
- Demonstrate an ability to teach or mentor others. (D6.1)

Nova Scotia Student Drug Use Survey 2002[4]

It is critical that drug education programming be based on the most accurate data available. To obtain the most current statistical information on student drug use, the Technical Report of Nova Scotia Student Drug Use Survey 2002 [5] was consulted. Following is a summary of findings from that report. To view the Highlights report, visit *http://www.gov.ns.ca/hpp/addictionPrevention.html.*

As in the past, and as is the case in all jurisdictions in the western world, alcohol, cannabis, and tobacco were the substances adolescent students most commonly reported using in Nova Scotia in 2002. Among students in grades 7, 9, 10, and 12, about half reported consuming alcohol, more than one-third reported using cannabis, and almost one-quarter reported cigarette use in the 12 months before the survey. About 12 percent of students reported using psilocybin or mescaline, and about 13 percent of students reported using amphetamines or methylphenidate (Ritalin) without a prescription.

No other substance was used by more than 6 percent of the student population in the year before the survey (i.e., LSD: 5.5; inhalants: 4.9; non-medical tranquillizers: 4.7; MDMA (Ecstasy): 4.4; cocaine or crack: 3.9; anabolic steroids: 2.7; PCP: 3.2; and heroin: 1.6.

Table 1. Any substance use in the year before the survey, as percentages of all students, 2002.

Alcohol	51.7
Cannabis	36.5
Cigarettes	23.2
Psilocybin or mescaline	12.2
Non-medical amphetamines	9.3
Non-medical methylphenidate (Ritalin)	7.5
LSD	5.5
Inhalants	4.9
Non-medical tranquillizers	4.7
MDMA (Ecstasy)	4.4
Cocaine or crack	3.9
Anabolic steroids	2.7
PCP	3.2
Heroin	1.6

[4] At the time of original publication of this supplement, the Nova Scotia Student Drug Use Survey 2002 provided the most current data on student substance use in the province. In 2007, a new survey was distributed and analyzed. Alcohol, cannabis, and tobacco remain the three most commonly used drugs by Nova Scotia students. While the 2007 results showed a significant decrease in tobacco use among the students, alcohol and cannabis use remained relatively stable. Alcohol continues to be the most commonly used drug among Nova Scotia students. Throughout the Question of Influence curriculum supplement, the Nova Scotia Student Drug Use Survey statistics have been updated to reflect the 2007 survey results. Where the 2002 data served to inform the development of the curriculum supplement, we retained the reference to the 2002 data. To view the complete 2007 report, please go to *http://www.druged.ednet.ns.ca*, or check out the summary in the What's New section of the website druged.ednet.ns.ca

[5] The 2002 Nova Scotia Student Drug Use Survey was administered in spring 2002 in 205 randomly selected classes throughout the province and features responses from 4,247 public school students from grades 7, 9, 10, and 12.

It is important to bear in mind that, aside from inhalant use, the prevalence of substance use climbs steadily through the grades. For instance, 16 percent of students in grade 7 report using alcohol in the past year, but by grade 9, 52 percent report past-year use. With cannabis, 10 percent of grade 7 students report past-year cannabis use, while 38 percent report having used cannabis in grade 9. Clearly, many grade 7 students could be more accurately considered "not yet users" rather than "non-users."

Table 2. Any use of substance in the year before the survey, as percentages of all students, 2002.

	Grade 7	Grade 9	Grade 10	Grade 12
Alcohol	16	52	65	81
Cannabis	10	38	45	57

There were small gender differences with the use of alcohol and cannabis according to the 2002 report, and these differences were age-related. Slightly more males than females used these substances in grades 7 and 12, while the reverse was the case in grades 9 and 10.

Table 3. Any use of substance in the year before the survey by gender, as percentages of all students, 2002.

	Grade 7		Grade 9		Grade 10		Grade 12	
	M	F	M	F	M	F	M	F
Alcohol	18	14	48	55	62	67	83	79
Cannabis	12	8	38	38	45	45	61	53

In terms of use that is clearly hazardous:

- Frequent use of any substance is a sign that it is becoming more important in a person's life. Among grade 7-12 Nova Scotia students, 30 percent of students reported drinking at least monthly in the past year; while 16 percent reported they had used cannabis more often than once a month.
- Drinking to the point of drunkenness is potentially harmful in any context; 28 percent of students reported drinking to the point of drunkenness in 2002.
- Any non-medical substance use (and some pharmaceutical drug use) in combination with driving poses serious risks. In 2002, 15 percent of Nova Scotia students with a driver's licence drove a motor vehicle within an hour of having used alcohol, while 26 percent did so after cannabis use.

- Among all students, 22.8 percent reported being a passenger in a car driven by an impaired driver.
- Any non-medical substance use in combination with sexual activity poses serious risks. Of the 29 percent of adolescent students who had engaged in sexual intercourse, 35 percent had unplanned sexual intercourse while under the influence of a substance at least once during the course of the year.
- In all cases, the prevalence of these hazardous behaviours increases through the grade levels. With the exception of "being in a car with a drinking driver," males are more likely to engage in these behaviours than females.

Table 4. Hazardous use of substances as a percentage of students in Grades 7, 9, 12, &12, 2002.

Hazardous use	Gr. 7	Gr. 9	Gr. 10	Gr. 12
Frequent drinking (> once a month)	7.7	27.8	37.6	51.7
Past month drunkenness	6.2	25.8	34.0	49.6
Being a passenger with drinking driver	12.4	25.4	25.7	28.8
Driving after drinking (among those w/ licence)	-	5.0	5.4	15.9
Frequent cannabis use (> once a month)	2.5	15.3	20.3	25.7
Driving after cannabis use (among those w/ licence)	--	5.0	9.1	26.0
Unplanned sex under the influence (among those who had sexual intercourse)	28.2	35.5	35.1	35.4

Hazardous use of substances increases the likelihood of adverse consequences or harms. As a result of the hazardous substance-use behaviours mentioned above, Nova Scotia students experienced a number of physical, social, legal, and academic harms. The proportions of males and females who reported having one or more drug-related harms were essentially the same. The proportions of students who reported one or more drug-related harms increased from grade 7 to 12.

Table 5. Alcohol and other drug-related harms, as percentages, 2002.

Alcohol-use harm	Among all students	Among students who used in past year
Damaged things when drinking	12.8	24.3
Drinking caused one to injure oneself	11.6	21.8
Drinking caused tensions or disagreement with family or friends	8.6	16.0
Cost of alcohol prevented buying other things	7.5	14.3
Trouble with the police as a result of drinking	3.6	6.6
School work or exams affected by drinking	2.6	4.9
Motor vehicle accident as driver after drinking in the previous 2 hr	<1.0	1.0
Other drug-use harm		
Drug use caused tensions or disagreement with family or friends	8.3	19.3
Cost of drugs prevented buying other things	7.1	16.9
School work or exams affected by drug use	6.7	15.9
Damaged things when using drugs	4.3	10.2
Drug use caused one to injure oneself	4.2	9.9
Trouble with the police as a result of drug use	2.4	5.7

Reference

Poulin, C. (2002). *Nova Scotia student drug use 2002: Technical report*. Halifax NS: Nova Scotia Department of Health and Dalhousie University. *http://www.gov.ns.ca/hpp/addictionPrevention.html*

Suggestions stemming from student-teacher consultations

Following are suggestions received during consultations with a small sample of teachers and students conducted prior to development of the supplement.

Suggestion 1: Place a greater emphasis on alcohol throughout the entire supplement.

Suggestion 2: Identify and profile the drugs that junior high students are most likely to encounter, using the prevalence data from the most recent Nova Scotia Student Drug Survey.

Suggestion 3: Provide opportunities to foster critical-thinking skills in the higher grades by looking at broader social and economic issues surrounding substance use, including beneficial prescription use and possible misuse, international drug trafficking and local markets, community attitudes towards alcohol use, and international and cultural differences in alcohol use.

Suggestion 4: Incorporate current material on cannabis that addresses the proposed (as of February 2005) reduced penalty options for simple possession, increased penalties for grow operations and trafficking, and the use of marijuana for medicinal purposes.

Suggestion 5: Make each lesson plan as complete as possible to minimize teacher preparation time.

Suggestion 6: Ensure that drug education lessons can be delivered through in-class activities, using overheads, videos, or DVD resources. (Computer-based learning could be included as an option, but don't assume this technology is sufficiently available for core lessons.)

Suggestion 7: Incorporate group and peer-to-peer hands-on activities for the students wherever possible.

Suggestion 8: Incorporate visual resources into the supplement. This may consist of web links to existing materials rather than the development of new materials.

Contextual suggestions

Suggestion 9: Post the curriculum supplement update on a website that teachers can access to download materials. Use the website as a means of adding to and adapting the supplement as new materials become available.

Suggestion 10: Provide all materials in French and English to support French-language and French immersion junior high students and teachers.

Suggestion 11: Develop an annual distribution process for the resource so that first-time teachers are as likely to use it as their predecessors. Providing web-based access to the materials will facilitate the process.

Suggestion 12: Provide annual professional development opportunities to equip Healthy Living teachers to deliver alcohol and other drug education. In the longer term, a teacher self-training component could be part of the previously mentioned website.

Best practices arising from the scientific literature

Following are best practice statements arising from a review of the scientific literature evaluating junior high school drug education conducted to support the development of this supplement. For the full literature review, visit *http://www.gov.ns.ca/hpp/addictionPrevention.html*.

Best Practice 1: Drug education needs to be age and developmentally appropriate, to focus on risk and protective factors, and to address local substance-use patterns.

Best Practice 2: Key features of the provincial and, where possible, the local situation should be compiled and analysed through formative research at the program design stage.

Best Practice 3: Address only those substances for which there is a pattern of use in a population.

Best Practice 4: Units that focus on a single drug appear more effective after 14 years of age than units that address a number of substances.

Best Practice 5: Focus on short-term, preferably social consequences, rather than long-term effects when providing drug-specific information.

Best Practice 6: Ensure that information is accurate and balanced, acknowledges the benefits that users perceive from their use, and highlights the fundamental relationship between the user, the substance, and the context of use.

Best Practice 7: Drug education programs need to give priority to behavioural, rather than knowledge or attitudinal, outcomes.

Best Practice 8: Accurate and balanced information is important, and it needs to take the form of "utility knowledge," which helps students build relevant and useful skills.

Best Practice 9: Sessions need to emphasize "student-to-student" rather than "student-to-teacher" interactivity, employing role-plays, Socratic questioning, simulations, service-learning projects, brainstorming, co-operative learning, and peer-to-peer discussion. Teachers need to establish an open, non-judgmental atmosphere in order to effectively process these activities.

Best Practice 10: Social influences programming can be effective. It can create a greater awareness of media and social influences and help students develop skills to analyse and minimize their impact.

Best Practice 11: Normative programming, highlighting the percentage of students not using, and correcting misperceptions, can be effective, particularly in the early junior high years.

Best Practice 12: Adding general competency enhancement, or life skills training, (e.g., developing skills such as communication, assertiveness, goal orientation, decision making, and stress management) may strengthen program effects when it is tied to drug-related situations or scenarios.

Best Practice 13: At, or just prior to, the point where significant numbers of students are using a particular substance (e.g., greater than 40 percent have used in past year), provide messages that promote safety and ways for minimizing harm within an overall message emphasizing abstinence as the safest option.

Best Practice 14: To sustain behavioural effects, drug education needs to provide adequate coverage from year to year, with approximately 10 sessions per year. If this cannot be achieved, 3-5 booster sessions per year following an initial 10-session module can be effective.

Best Practice 15: All in all, teachers who have been trained in interactive instructional methods are best able to deliver a drug education program as intended.

Best Practice 16: Guest presenters invited to deliver a drug education session need to be able to address curricular goals and work interactively with the students, rather than present an isolated session unconnected with the curriculum.

GETTING THE MOST OUT OF THIS SUPPLEMENT

To help maximize the use of the supplement and drug education classes, this section presents summarized information on the following topics:

- creating a safe environment for open discussion and activity
- effective use of external resource people
- guidelines for conducting substance abuse-related online research
- advice on early identification and referral processes

Creating a safe environment for open discussion and activity

Drug education depends on open discussion to be effective. However, drug issues can be sensitive to discuss in a classroom environment. So, it is important for a teacher not only to set a tolerant atmosphere (free of moralizing and judgment), but also to set boundaries for discussions. The best way to arrive at this balance is through a group agreement, established and reviewed periodically through discussion with students. This will help foster mutual respect and establish an environment in which students feel comfortable and ready to listen to and discuss one another's opinions.

Ground rules should address the basic mechanics of conducting a discussion (e.g., don't interrupt when someone is speaking), but also cover issues such as teachers' and students' right to privacy and respect, and the boundaries of discussion. Students and teachers should be discouraged from revealing any personal information that may incriminate themselves or others or that they wish to keep confidential. Some information, for example, any indication that a person is at risk of being harmed, may need to be shared with authorities. Examples of ground rules for discussions could include the following:

- Everyone who wishes gets a chance to speak.
- It's okay not to speak.
- When someone speaks, everyone listens-no interruptions.
- No one person should dominate the discussion.
- Do not share your own or anyone else's private or confidential information.

Another way to handle potentially sensitive topics is to use techniques to depersonalize the discussion: for example, use third-person case studies, role-plays or improvised skits, hypothetical discussions, and anonymous question boxes.

Discussing and agreeing on ground rules provides a chance to remind students of ways to ask for help, the support available, the school's drug and confidentiality policies, and what may happen should information be disclosed. It is best to deal with difficult questions on an individual basis (e.g., seeing a student outside the classroom or referring the student to the school guidance counsellor). If a student's comment or question leads a teacher to suspect that the student may be at risk, the teacher should consult with guidance personnel and/or follow school policy regarding early intervention and/or referral to outside agencies. (See Advice on early identification and referral processes, p. 20.)

Reference

United Kingdom. Department for Education and Skills (2004). *Drugs: Guidance for schools.* London: Department for Education and Skills.

Effective use of external resource people

Research indicates that trained and supported teachers are in the best position to deliver effective drug education. There are, however, agencies and resource persons in the community that have the expertise and the mandate to augment the junior high school drug education program: e.g., Prevention staff from Addiction Services; RCMP and municipal police officers; Drug Awareness Committee volunteers; Mothers Against Drunk Driving (MADD) volunteers; and volunteers from community recovery groups, such as Alcoholics Anonymous (AA), Al-Anon, Narcotics Anonymous (NA), and Gamblers Anonymous (GA). Teachers are advised to consult their school or board policy and guidelines on the use of a resource person from the community.

In considering use of an external resource person, the teacher should have a clear understanding of the curriculum need and how a resource person will satisfy the need. This means being clear about the desired learning outcomes before deciding who is best able to help achieve them.

As well, resource people need to be clear on their role in supporting your desired curriculum outcomes-this will require discussion and negotiation to ensure a good curricular fit. Equally important is that an external contributor needs to be a competent educator and facilitator, recognizing that effective drug education is activity based, rather than didactic.

If you are unfamiliar with a resource person or agency, you may wish to ask for references from that person or from other educators. It is important that the person not only has a clear understanding of their objectives and role in supporting the Healthy Living curriculum, but they should also be aware of the school's approach to drug education, the school's drug policy, and other relevant policies (e.g., confidentiality, disclosure, and child protection). This will help to ensure that the person's approach is consistent with that of the school and that they avoid delivering incompatible messages. Outside resource people should be free of charge.

It is critically important that resource people be aware of their roles, responsibilities, and their relationship with the teacher while in the classroom. They need to be clear on their area of competency and the professional boundaries, and not overly dramatize substance abuse. Involving individuals in recovery in drug education should be considered very carefully. Without sensitive handling they may arouse interest or glamorize drug use or describe experiences that young people have difficulty relating to. In some instances they may unwittingly imply that their own

drug use represents a "safe limit" that can be copied. If they are to be involved, it should be because they are skilled in facilitating student learning and not simply by virtue of their status as a recovering person.

Here are some other ways of maximizing the involvement of a resource person:

- Consider involving students in the preparatory and follow-up work (e.g., writing invitation and thank you letters).
- Request a written session plan, outlining planned outcomes, curriculum links, and methods.
- Assess the value of the external contribution through student feedback and evaluation. This information could be shared and used to inform future work.

Having considered these points, a classroom teacher can ensure that the contribution of an external resource person will be well integrated into the drug education program and will truly augment it, rather than being simply an isolated event with limited value.

References

United Kingdom. Department for Education and Skills (2004). *Drugs: Guidance for schools*. London: Department for Education and Skills.

New Zealand. Ministry of Youth Development (2004). *Strengthening drug education in school communities: Best practice handbook for design, delivery, and evaluation, years 7-13*. Wellington, NZ: Ministry of Youth Development.

Guidelines for conducting substance abuse-related online research

The internet provides a range of information which may or may not be credible. This is certainly the case when it comes to substance abuse-related information. To use the Internet for research on substance abuse, students need to learn two things: first, how to conduct an effective online search; and second, how to critically evaluate the information they find.

SEARCHING FOR SUBSTANCE ABUSE INFORMATION ONLINE

Generally, government or university health and addiction websites are the best sites. They contain balanced (e.g., legal as well as illegal substances as drugs of abuse), accurate information, and they are not trying to sell you anything. There are several very good Canadian sites of this sort. Appendix E, p. 210 lists several reputable websites. If students are looking for Canadian survey results and fact sheets, they can go straight to one of these sites and find what they are looking for:

- Addictions Foundation of Manitoba (AFM): *www.afm.mb.ca*
- Alberta Alcohol and Drug Abuse Commission (AADAC): *www.aadac.com*
- Canadian Centre on Substance Abuse (CCSA): *www.ccsa.ca*
- Canadian Health Network (CHN): *www.canadian-health-network.ca*
- Centre for Addiction and Mental Health (CAMH): *www.camh.net*
- Cyberisle (a health/drug site for teens from the University of Toronto): *www.cyberisle.org*
- Zoot2 (a health/drug site for teens from AADAC): *www.zoot2.com*

If students need to do a broader search, here are some tips in using a search engine, such as Google.

- Use nouns as query keywords. Don't use articles ("a," "the"), pronouns ("he," "it"), conjunctions ("and," "or"), or prepositions ("to," "from") in your queries.
- Use six to eight keywords per query.
- Combine keywords into phrases using quotation marks, as in "solar system"-this will produce only references that include these words in that order.
- Spell carefully, and consider alternative spellings.
- Check the Help function of the particular search engine you're using, since they all have their own quirks and preferences.

EVALUATING ONLINE INFORMATION

When a student thinks they have found what they have been looking for, the next step will be for the student to evaluate the information. How can they determine if the source is legitimate? There are several questions that can be asked. For instance: What is the purpose of the website-has it been created to provide information, or promote its own products? The information found on a pharmaceutical company site concerning a particular product, for example, may differ from that offered by a government health agency. Some questions students can ask include, Where am I? Who is the source? What am I getting? When was it created or last updated?

Here are a couple of other ways to develop an opinion on the credibility of a site:

- **Use the "Link" Command:** Sometimes, seeing who links to-or talks or writes about-a particular web page can offer insights into its quality. Students can find out which sites link to a specific web page by going to a search engine and entering a "link:" command in the search box, followed by the web page's address (URL). Meta search engines that integrate several different search engines will offer best results.

  For example, a search using the URL for the Media Awareness Network in Ottawa (http://www.media-awareness.ca) brings up over 3,000 sites in the results. The fact that most of these sites are education or government resource pages supports the network's claim that it is a non-profit, educational organization.
- **Do an Author Search:** It's also possible to measure the quality of a website by conducting a background check on the author of a web page. Simply conduct a search for the author's name, in quotation marks. Results may include other articles written by the author, articles written about the author, or websites that use the author's work as examples.

Note

Some of the above information has been adapted with permission from two Media Awareness Network articles: "Fact or Folly: Authenticating Online Information," *http://www.media-awareness.ca/english/teachers/wa_teachers/fact_or_folly_teachers/index.cfm* (accessed September 2005), and "How to Search the Internet Effectively," *http://www.media-awareness.ca/english/resources/special_initiatives/wa_resources/wa_teachers/tipsheets/search_internet_effectively.cfm* (accessed September 2005).

Advice on early identification and referral processes

In 2007, 2 percent of Nova Scotia students surveyed indicated that they needed help with an alcohol-use problem, while 3 percent expressed a need for help with a drug other than alcohol. These students would benefit from early intervention, and schools are in a good position to provide that support.

THE ROLE OF THE TEACHER

The classroom teacher is often in the best position to notice subtle changes in a student, such as increasing absenteeism, different moods, or declining performance at school. The teacher may otherwise be aware that a student has a known risk factor for substance-use problems (e.g., being socially excluded, having a low attachment to school, or experiencing mental health issues). These changes and factors may lead a teacher to suspect that a student is experiencing a substance-use problem (their own or that of a family member). These could, on the other hand, indicate that the student is experiencing another issue that would benefit from early intervention; so it is important not to "diagnose" or make assumptions. While the teacher's role in these situations is limited, it could be crucial. The role can be summarized as follows:

- **Consult school policy:** If your school is like many in the province and has a school or board policy for intervening with student substance-use problems, consult the policy. If not, check with your student services department or school principal. In a similar vein, a teacher may learn of a student's possession of alcohol or another substance on school premises, so it is important to be acquainted with school or board policy on these matters also.
- **Try talking:** By raising the issue in a respectful, non-judgmental way, you may be able to learn of the nature of the issue and whether the student would consider accessing help (e.g., I've noticed that your grades are slipping and heard you quit the soccer team; is anything wrong?). The aim of this conversation should be to move the student toward accepting a referral if appropriate.
- **Refer:** While you as the teacher may learn about the problem through this conversation, it is not the role of the teacher to assess the nature of the problem. This is the role of a guidance counsellor, nurse, or outside agency. If this is, for some reason, not possible, it will be important for a teacher to be aware of what early intervention help is available to students and their

families in their community. By holding a conversation and encouraging a referral, a teacher has played an important role on behalf of a student.

References

Alberta Alcohol and Drug Abuse Commission. *What if my student has a problem? http://teacher.aadac.com/what_ifs/what_if_student_problem.asp*. Accessed April 2005.

New Zealand. Ministry of Youth Development (2004). *Strengthening drug education in school communities: Best practice handbook for design, delivery, and evaluation, years 7-13*. Wellington, NZ: Ministry of Youth Development.

PREPARING TO USE THIS SUPPLEMENT

The approach to drug education taken with this supplement

The literature review associated with this supplement (*http://www.druged.ednet.ns.ca*) found that research and practice have brought the field of school drug education to the point where good practices can now be identified with greater confidence than ever. The school drug education practice for which evidence is strongest is interactivity among students. There is clearly no role for sessions that are predominantly didactic or where the bulk of the exchange is between teacher and students. There remains an important role for accurate, balanced, drug-specific information; however, this information needs to be brought out through the interactive sessions and needs to take the form of relevant, practical "utility knowledge."

The approach to junior high school drug education best supported by the scientific literature is the Social Influences Model, which aims to furnish young people with the insights and skills to deal effectively with the various social and cultural messages promoting substance use. This model, which has been the subject of much research over the past 25 years, conceptualizes adolescent use of substances to be largely the result of social influences from peers and the media to smoke, drink alcoholic beverages, or use other drugs. This model aims to create greater awareness of peer and broader environmental influences and to develop skills to analyse and minimize their impact.

In this supplement, we have added "internal influences" (many of which stem from adolescent development) as an important factor and have, hence, conceptualized three levels of influence. Examples of some of the factors at play within each level of influence are[6]

- **internal influences:** (e.g., curiosity, emotional pressures, mental health problems, beliefs concerning risk and norms)
- **interpersonal influences** (e.g., social acceptance, celebrations and religious observances, difficult life experiences and family influences)
- **media and cultural or environmental influences** (e.g., media, community, and cultural norms)

We have tried to make the differences between these types of influences simple and easily understood by 12- to 14-year-olds. The three influencing factors are referred to as "how I influence myself," "how others influence

[6] For discussion of these influences, see Appendix B: Influences Affecting Students' Substance-use Decisions, p. 169.

me," and "how I am influenced by the world around me" in the actual learning themes of this resource.

Adolescents have a tendency to overestimate how many of their peers engage in substance use. Consistent with the Social Influences Model, this supplement gives strong attention to clarifying for students how many of their peers are-and are not-using substances or using them in risky ways. Through this so-called "normative approach," the supplement aims to correct these misperceptions of student use and provide support for these norms. A decision-making model is introduced in Healthy Living 7, and opportunities to practise making decisions and acting on them assertively are provided throughout the grades. As identified by the Department of Education requirements and the scientific literature, attention is given to reducing risk factors or increasing protective factors. Recognizing that a significant proportion of Nova Scotian students experience harms as a result of their own or someone else's use of alcohol, students are given opportunities through the supplement activities to anticipate harmful situations and explore how alcohol-related harms can be avoided or reduced.

Links with related curriculum resources

MAKING A DIFFERENCE: ELEMENTARY SCHOOL CURRICULUM SUPPLEMENT FOR DRUG EDUCATION

Many junior high students will already have been exposed to alcohol and other drug prevention education in elementary school. Elementary school teachers have access to *Making A Difference: Curriculum Supplement. A Teacher's Drug Prevention Resource for Health Education. Grades Primary-6*, developed in 2003 by Addiction Services, Nova Scotia Department of Health, and English Program Services, Nova Scotia Department of Education. This junior high-level resource builds on the groundwork laid in the early years. To illustrate this connection, the elementary supplement is briefly described here.

The package contains three lesson plans for each grade (1-6) tied to the scope and sequence of the elementary school health curriculum. The lessons are concerned with the development of attitudes, knowledge, skill, and behaviour identified as contributing to drug prevention, with an emphasis on individual and social competency. The resource promotes the development of a healthy lifestyle, with appropriate drug information woven into the content at each grade level.

The lesson plan components are similar to those in the junior high supplement and include

- peer support and peer influence, including refusal skills
- relationships-family and friends
- self-concept
- responsibility-individual and social
- decision making and problem solving
- influence of the media
- health-enhancing lifestyle development, including dealing with stress

This junior high school supplement is closely tied to the curriculum outcomes, and lessons for grades 5 and 6; the objectives of the lessons for these two grades follow:

Grade 5

Lesson One – Each Individual Is Unique and Special

- develop a stronger sense of self
- examine ways others influence how we feel about ourselves by considering compliments made and responsibilities taken
- affirm ability to make decisions and take responsibility
- develop an understanding of self within the community and of how we can affect others
- recognize in ourselves some of the traits others view as worthwhile
- encourage positive relationships with others
- provide an opportunity to share ideas about health-enhancing alternatives to drugs

Lesson Two – Exploring Media Messages and Influences

- critically examine messages given by the media and society
- develop questioning skills in looking at advertising
- recognize influences on our decisions, while realizing that we are responsible for our decisions
- develop confidence in our ability to assess the influences on our lives and to make responsible decisions based on this knowledge

Lesson Three – Risks and Consequences

- examine risks and consequences of using drugs
- develop skills necessary to refuse drugs
- recognize and develop behaviours that discourage drug use
- explore optional ways to spend free time

Grade 6

Lesson One – Myths and Truths

- clarify myths and truths about drugs and drug use
- encourage students' questions
- encourage problem solving
- provide an avenue for exploring values
- continue to build self-worth through encouraging creative, independent work
- provide accurate information about drugs and their effects in the body

Lesson Two – Examining the Issues

- provide for practice of problem-solving and decision-making skills
- examine consequences, both for self and others, of involvement with drugs
- provide for recognition of individual and community responsibility
- build competence and confidence in handling difficult situations
- provide accurate factual information about drug terms

Lesson Three – Developing Goals

- explore creative and innovative healthy ways to have fun
- develop short-term goals
- consider and explore possible long-term goals in a non-stressful way
- encourage building on individual strengths as a way to spend free time
- consider the possible effects of drugs on these activities and goals.

Available online from *http://www.gov.ns.ca/hpp/addictionPrevention.html*.

SMOKE FREE FOR LIFE: TOBACCO USE PREVENTION CURRICULUM SUPPLEMENT (GRADES P-9; ENGLISH AND FRENCH)

As indicated earlier in this supplement, tobacco is not addressed within this resource because of the availability of a resource on this topic. *Smoke-Free for Life* is a series of three curriculum supplements designed to help prevent the use of tobacco. They contain grade-specific lesson plans, overheads, and

masters. Published in 1996 and revised in 2002, the manuals cover grades primary-3, 4-6, and 7-9. The content is designed to mesh with the Nova Scotia Elementary School Health Education Curriculum and the Junior High School Healthy Living Curriculum.

The resource is teacher-friendly and has been evaluated by teachers at all three grade levels. Lessons require minimum preparation time. Detailed, easy-to-follow lesson plans include masters and overhead transparencies. Background "infosheets" prepare teachers to lead discussions. Suggestions for lesson variation assist in adapting lessons for the needs of the class. Ideas for extension activities invite continuation of learning across the curriculum.

Available from the Nova Scotia School Book Bureau at *https://w3apps.ednet.ns.ca/nssbb/*.

DRAWING THE LINE: PROBLEM GAMBLING CURRICULUM SUPPLEMENT (JUNIOR AND SENIOR HIGH SCHOOL)

Drawing the Line (1997), a resource for the prevention of problem gambling, is available to Nova Scotia's junior and senior high schools. *Drawing the Line* introduces students to the risk of gambling through group exercises, games, class discussions, and other activities. Students explore the nature of risk taking and become familiar with the signs and stages of problem gambling. The program is intended to prepare students to "draw the line" when confronted with opportunities to gamble, both now and later in their adult years.

Packaged as two spiral-bound manuals for junior and senior high school teachers, *Drawing the Line* includes user-friendly information such as a history of gambling, gambling in Nova Scotia, the economics of gambling, and the effect of problem gambling on the family. Printed versions of *Drawing the Line: Volume 1 Junior High* are no longer available, however the resource is available for downloading at *http://www.gov.ns.ca/hpp/gambling/pg-resources.asp*.

CAUTION:

Teachers are advised that some of pages in the 1997 *Drawing the Line* curriculum supplement are out of date. Plans have been made to revise and update the resource in the future, and the Department of Health Promotion and Protection will be seeking advice and feedback from teachers during this process.

MATCH BETWEEN SUPPLEMENT ACTIVITY PLANS AND CURRENT DEPARTMENTAL REQUIREMENTS (2007)

GRADE 7 INTRODUCTORY SESSION

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame
Identify personal, social, and cultural influences related to alcohol, cannabis, and other drug use (B3.7)	**To introduce** students to the entire unit and set the stage for an ongoing discussion on alcohol, cannabis, and other drugs	**Activity 7.1** *Circles of Influence*—The teacher introduces the concept of multiple types of influences on student decision making and describes upcoming activities.	Up to 20 minutes
Describe the effects of alcohol, cannabis, and tobacco on the body systems (B3.5)	**To lay the foundation** for a discussion of the immediate physical, psychological, and social effects of alcohol and cannabis use in Learning Theme One by looking at the students' preliminary knowledge level	**Activity 7.2** *What We Know about Alcohol and Cannabis*— Students participate in a brainstorming session in which they complete graffiti walls around the room to identify what they know about the effects of alcohol and cannabis.	Up to 20 minutes

GRADE 7 LEARNING THEME ONE—HOW I INFLUENCE MYSELF

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame
Describe the effects of alcohol, cannabis, and tobacco, on the body systems (B3.5) **Identify** factors that influence the risk level of alcohol and cannabis use (B3.6)	**To identify** some of the effects of alcohol or cannabis use **To identify** some of the risks associated with the use of alcohol and cannabis **To begin** to look at what makes some patterns of use higher risk than others	**Activity 7.3** *Separating Fact from Fiction*—Working in small groups, students respond to a series of true or false statements that provide accurate information on alcohol and cannabis effects.	Up to 45 minutes
Identify and practise strategies for making decisions that involve risk (B3.4) **Identify** positive and negative reasons for taking risks (B3.1)	**To identify** the things students value so that this can be used as a strategy to weigh the drawbacks or benefits with respect to taking alcohol and other drug-related risks	**Activity 7.4** *What Is Important to Me?*—Students discuss their personal goals and complete a list of what is important to them.	Up to 20 minutes
Identify and practise strategies for making decisions that involve risk (B3.4)	**To apply** a series of decision-making steps to potential situations involving alcohol and drugs	**Activity 7.5** *A Decision-Making Model*—Students are presented with the WHOA decision-making model and discuss how it can be applied to their lives.	Up to 15 minutes

GRADE 7 LEARNING THEME TWO—HOW OTHERS INFLUENCE ME

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame
Identify and practise strategies for making decisions that involve risk (B3.4) **Identify** positive and negative reasons for taking risks (B3.1)	**To familiarize** students with the concept of positive and negative peer influence **To provide** students with several ways of responding to negative peer influence **To increase** students' options for responding to peer influence	**Activity 7.6** *True-to-You Tools*—Through class discussion, students learn to distinguish positive peer influence from negative peer influence and acquire skills for resisting negative peer influence related to alcohol and cannabis use.	Up to 45 minutes
Demonstrate the ability to set and maintain personal limits in a variety of decision-making situations involving peers (B4.2) **Identify** and practise assertive ways of refusing a ride with a driver who is under the influence of alcohol or cannabis (B4.3)	**To provide** students with the opportunity to apply a series of decision-making steps to typical situations involving alcohol and drugs **To provide** students with an opportunity to experience peer influence and to find ways of choosing how to respond **To provide** students with skills to lower the risks associated with riding with an impaired driver	**Activity 7.7** *Decision Stories Role-Play*—Working in small groups, students role-play several scenarios depicting real-life situations they may encounter. Students apply the tools they have learned to respond to the scenarios.	Up to 45 minutes

GRADE 7 LEARNING THEME THREE—HOW I AM INFLUENCED BY THE WORLD AROUND ME

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame
Demonstrate an awareness of adolescents as a target population for consumer marketing (C3.2)	**To expose** students to the multiple messages in alcohol advertising **To foster** critical and evaluative skills in students for looking at alcohol advertising	**Activity 7.8** *Behind the Messages*—Using examples that they have been collecting, students discuss the messages in alcohol ads and their possible appeal to youth.	Up to 45 minutes

GRADE 7 WRAP-UP SESSION

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame
Identify personal, social, and cultural influences related to alcohol, cannabis, and other drug use (B3.7)	**To assess** student learning and application of that learning about the factors that influence the use of alcohol, cannabis, and other drugs	**Activity 7.9** *What Influences My Decisions and Choices?*—Students complete a diagram of the factors that influence their decisions.	Up to 45 minutes

GRADE 8 INTRODUCTORY SESSION

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame
Identify personal, social, and cultural influences related to alcohol, cannabis, other drug use, and gambling (B3.7 and reinforce Healthy Living 7 B3.7)	**To introduce** students to the entire unit and set the stage for an ongoing discussion on alcohol, cannabis, and other drugs	If introducing Circles of Influence for the first time, it is recommended that students complete Activity 7.1 from Healthy Living 7 **Activity 7.1** *Circles of Influence*- The teacher reviews the concept of multiple types of influences on student decision making and describes upcoming activities **Activity 8.1** *What Substances Are in Our Community?*—Through a brainstorming exercise, students identify the substances available to them in their community and consider the implications of the availability of these substances.	Up to 30 minutes Up to 45 minutes if introducing the *Circles of Influence* for the first time

GRADE 8 LEARNING THEME ONE—HOW I INFLUENCE MYSELF

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame
Demonstrate an understanding of the risks associated with the use of alcohol, cannabis, and other drugs (B3.6) **Demonstrate** knowledge of laws related to alcohol, cannabis, other drugs, and gambling (B3.5)	**To provide** students with an understanding of the legal implications of possessing or using alcohol, cannabis, or over-the-counter/prescription drugs at their age **To provide** students with an understanding of the risks involved with the use of alcohol and cannabis, and the non-medical use of over-the-counter and prescription medications	**Activity 8.2** *The Game Show—Knowing the Risks of Alcohol and Other Drugs*—By working as teams, students compete in a "Reach for the Top" type game show to decide the correct answer to a series of questions on alcohol and other drug-related risks.	Up to 90 minutes; two 45-minute classes

GRADE 8 LEARNING THEME TWO—HOW OTHERS INFLUENCE ME

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame
Identify and practise strategies for avoiding potentially dangerous situations (B4.2) **Compare** their families' values and attitudes with their own (C1.2)	**To encourage** students to identify the rules and behaviour norms about alcohol and other drugs in their own homes and understand why the rules exist	**Activity 8.3** *House Rules*—Through class discussion, students will identify what they believe are the rules about alcohol and other drugs in their families.	Up to 30 minutes
Demonstrate an understanding of the effect in the family of harmful involvement with alcohol, cannabis, other drugs, and gambling (B3.8)	**To enable** students to identify possible effects on the family when a member is experiencing problems with alcohol or other drugs **To help** students to identify some of the warning signs that a family member or peer may be experiencing a substance use problem	**Activity.8.4** *Effects on Family Members*—Students participate in a brainstorming activity about the things that can happen at home when a family member has a problem with alcohol or other drugs.	Up to 30 minutes
Demonstrate an understanding of the effect in the family of harmful involvement with alcohol, cannabis, other drugs, and gambling (B3.8)	**To enable** students to identify possible effects on the family when a member is experiencing problems with alcohol or other drugs **To help** students to identify some of the warning signs that a family member or peer may be experiencing a substance use problem	**Activity 8.5** *Family Stories—What Is Going On?*—Using five family scenarios, students discuss the specific problems in each scenario and talk about the ways the family member could be helped.	Up to 45 minutes

GRADE 8 LEARNING THEME THREE—HOW I AM INFLUENCED BY THE WORLD AROUND ME

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame
Evaluate the role of the media in promoting alcohol and other drug use (B3.4) **Evaluate** the role of media on self-image and lifestyle choices (C3.1)	**To encourage** students to be aware of and understand the negative consequences of alcohol use **To help** students apply critical thinking to the false messages about drinking that are implied in advertisements	**Activity 8.6** *Alcohol Myths and Parody Ads*—Working in small groups, students develop their own parody ads that expose some of the myths promoted in alcohol advertising.	Up to 90 minutes; two 45-minute classes to prepare and present their ads

GRADE 8 WRAP-UP SESSION

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame
Identify personal, social, and cultural influences related to alcohol, cannabis, other drug use, and gambling (B3.7 and reinforce Healthy Living 7 B3.7)	**To assess** student learning and application of that learning about the factors that influence the use of alcohol, cannabis, and other drugs	**Activity 8.7** *What Can I Do about the Things That Can Influence Me?*—Through class discussion and individual thinking and writing, students will assess how they can have an impact on the factors that influence them.	Up to 30 minutes

GRADE 9 INTRODUCTORY SESSION

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame
Identify personal, social, and cultural influences related to alcohol, cannabis, other drug use and gambling (reinforce Healthy Living 7 and 8 B3.7)	**To introduce** students to the entire unit and set the stage for an ongoing discussion on alcohol, cannabis, and other drugs	If introducing *Circles of Influence* for the first time, it is recommended that students complete Activity 7.1 from Healthy Living 7. **Activity 7.1** *Circles of Influence*—The teacher reviews the concept of multiple types of influences on student decision making and describes upcoming activities.	Up to 15 minutes Up to 45 minutes if introducing the *Circles of Influence* for the first time

GRADE 9 LEARNING THEME ONE—HOW I INFLUENCE MYSELF

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame
Identify high-risk behaviours related to alcohol, cannabis, and other drug use (B3.1) **Identify** risks of alcohol, cannabis, tobacco, and other drug use during pregnancy (B3.3) **Identify** risks associated with use of alcohol, cannabis, and other drugs (B3.6) **Identify** social costs related to harmful involvement with alcohol, cannabis, other drugs, and gambling (B3.7) **Identify** ways that community services support the prevention and treatment of addictions (D2.2)	**To increase** students' knowledge of the short- and long-term physical, psychological effects of specific substances **To enhance** students' knowledge of high-risk situations involving alcohol and other drugs **To identify** ways of communicating alcohol and other drug-related information that is appropriate for adolescents **To foster** an understanding of the challenges of developing prevention resources that are relevant to teenagers	**Activity 9.1** *Prevention Education—Product Research and Development*—Working in small groups, students conduct research on a variety of assigned topics to prepare a prevention education resource appropriate for teens. The activity concludes with in-class presentations of the resources developed by the groups.	Up to 2 hours and 15 minutes: four and a half 30-minute classes or three 45-minute classes

GRADE 9 LEARNING THEME TWO—HOW OTHERS INFLUENCE ME

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame
Identify signs and stages of dependence on a substance or behaviour (B3.8) **Identify** and practise strategies for helping a friend who is having problems with alcohol, other drugs, gambling, or other behaviours (D2.1) **Identify** ways that community-based services support the prevention and treatment of addictions (D2.2) **Identify** and practise strategies for dealing with the challenges of peer relationships (D3.2)	**To teach** students how to identify different degrees of alcohol and other drug use and signs of harmful involvement and potential dependence **To support** students in developing strategies for encouraging a peer to seek help for their substance use	**Activity 9.2** *Are You In Over Your Head?*—Encouraging a Friend to Seek Help—Through a class discussion, students consider the degrees of substance use from none at all to being dependent on a substance. Students learn about signs that their friends might be getting into trouble with alcohol or another drug and brainstorm ideas for helping that friend.	Up to 30 minutes
Identify high-risk behaviours related to alcohol, cannabis, and other drug use (B3.1) **Identify** and practise strategies for helping a friend who is having problems with alcohol, other drugs, gambling, or other behaviours (D2.1)	**To enhance** students' ability to recognize and respond to physical health dangers and emergency situations related to alcohol and other drug use among their peers	**Activity.9.3** *When a Friend Needs Emergency Treatment*—Working in small groups, students respond to an emergency scenario and apply basic principles of emergency response.	Up to 45 minutes
Identify high-risk behaviours related to alcohol, cannabis, and other drug use (B3.1) **Identify** social costs related to harmful involvement with alcohol, cannabis, other drugs, and gambling (B3.7) **Identify** and practise strategies for dealing with the challenges of peer relationships (D3.2)	**To teach** students how to recognize harmful or potentially harmful situations involving alcohol and other drug use by young people **To support** students in identifying strategies or options for dealing with risky situations when they occur, including avoiding them in the first place **To enable** students to identify elements of peer relationships that have positive and negative influences on substance use choices **To provide** students with an opportunity to practise strategies for helping peers who are in trouble	**Activity 9.4** *The Party*—Using either small-group role-plays or a class play, students act out risky situations that could occur at a party. Through class discussion, students identify the risks encountered and options for reducing the risks.	Up to 60 minutes; two 30-minute classes

GRADE 9 LEARNING THEME THREE—HOW I AM INFLUENCED BY THE WORLD AROUND ME

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame
Demonstrate an awareness of ways that attitudes and laws related to alcohol and other drugs have changed over time (C3.2) **Identify** ways that community-based services support the prevention and treatment of addictions. (D2.2) **Identify** risks of alcohol, cannabis, tobacco, and other drug use during pregnancy. (B3.3)	**To encourage** students to identify and understand real situations where laws and community attitudes affect the development of new intervention approaches **To support** students in developing an appreciation for the complexities of addressing substance use issues and the possibility of a "middle ground" on issues **To enhance** students' ability to develop arguments to support their attitudes and reactions to a situation	**Activity 9.5** *Society's Attitudes and Laws about Drug Use*—Through class discussion and consideration of three case studies, students consider how laws and attitudes towards drug use affect the development of new laws and new services and treatment approaches.	Up to 45 minutes

GRADE 9 WRAP-UP SESSION

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame
Identify personal, social, and cultural influences related to alcohol, cannabis, other drug use, and gambling (Reinforce Healthy Living 7 and 8 B3.7) **Develop** an ability to teach or mentor others (D6.1)	**To assess** student learning and application of that learning about the factors that influence the use of alcohol, cannabis, and other drugs	**Activity 9.6** *How Do I Influence Others and the World around Me?*—Through class discussion, students consider a fourth type of influence on alcohol and other drug decisions—the way they can individually influence others.	Up to 30 minutes

SECTION 2

35

GRADE 7 LEARNING PLANS

INTRODUCTION TO THE GRADE 7 UNIT

The overall goal of this grade 7 unit is to prevent or delay substance use, with an emphasis on alcohol and cannabis, the two most commonly used psychoactive substances among adolescents in Nova Scotia (aside from tobacco, which is addressed in another supplement[1]). The approach taken is to encourage students to think about the decisions they make concerning alcohol and cannabis and to provide them with the resources to be aware of what is influencing them as they make those decisions. This process follows a sequence from understanding personal influences, followed by an examination of the influence of other people in their lives and the impact of the broader community and culture, and concluding with development and practice of skills to make informed choices.

Grade 7 Overview

The grade 7 component of *A Question of Influence* covers the three spheres of influence—personal, social, and cultural—in the form of three learning themes: how I influence myself, how others influence me, and how I am influenced by the world around me. Each learning theme includes a set of activities and associated teacher and student materials matched to the Nova Scotia Healthy Living curriculum outcomes for grade 7. The three learning themes are preceded by an introductory session that introduces the complete unit to the students and lays the foundation for the learning theme activities. A fifth and final wrap-up session completes the unit. It is designed to encourage students to reflect on what they have learned about what influences their decisions around alcohol, cannabis, and other drugs. It also provides the teacher with an opportunity to assess what students have learned from the unit as a whole.[2]

Each of the three learning themes, the introductory session, and wrap-up session begin with introductory notes to help orient the teacher to the content of that session or learning theme. A summary table is provided at the beginning of each session/learning theme to identify the Healthy Living curriculum outcome links, specific activity objectives, estimated time frame, and preparation required to work through each activity in class. Separate pages for teaching aids, referred to as "slides" throughout the unit, and student handout materials are found at the back of the unit.

The time estimates included here are based on the actual outcomes of the resource field test in the winter and spring of 2006. The complete unit is intended to be delivered in five to six hours of instructional time or a maximum of eight 45-minute classes. Not every teacher will have Healthy

[1] Tobacco use is not addressed in this supplement; however, it is the entire focus of another curriculum supplement: *Smoke-Free for Life. Grades Seven to Nine. A Smoking Prevention Curriculum Supplement.*

[2] Suggestions for assessing other aspects of student performance throughout the unit can be found in the Appendix D: Assessment Rubrics.

Living classes that run for 45 minutes, and the delivery of the activities will have to be adapted based on the length of class time available.

It is strongly recommended that none of the learning themes be dropped in an effort to shorten the time required to deliver the unit. Instead, suggestions for shortening individual activities include the following:

- Reduce the number of case studies or stories used for group activities.
- Reduce the number of groups and increase the group sizes. If increasing the size of small groups is not an option, assign the same story to more than one group, ask one group to report back on the story and, once they finish their report, ask the other groups with the same story if they have anything to add.
- Place strict time limits on brainstorming activities (five minutes, for example) rather than try to get every last idea or comment.
- Place case studies on slides and discuss them with the entire class.

A NOTE ON THE APPROACH TAKEN WITH THIS SUPPLEMENT

This supplement is based largely on the Social Influences Model—the drug education approach that has been shown by research over the past 25 years to be most effective for junior high school students. This model sees adolescent use of substances as the result of influences from peers, the media, and the general culture. These social influences take the form of messages that appear to condone substance use: for example, modelling of alcohol and other drug use by peers and media personalities, persuasive advertising appeals, and/or direct offers by peers to use substances. For the purposes of this supplement, personal influences stemming from normal adolescent development (e.g., need for independence, to experience risk) are also viewed as an important source of influence. This model aims to create greater awareness of these three spheres of influence—personal, social or interpersonal, and cultural or environmental—and to develop skills to analyse and minimize their impact.

A NOTE ON THE USE OF THE TERM "CANNABIS"

The term "cannabis" is used throughout the resource. During the field-test phase of resource development, some students commented that "cannabis" was a new word for them. Although junior high students are more familiar with the term "marijuana," the resource continues to use "cannabis" as it is a more inclusive term, including marijuana, hash, and hash oil. It will be helpful to the students if teachers explain to them that the term cannabis will be used to refer to the substance they may know as marijuana, pot, weed, dope, grass, or hash/hash oil.

FIRST CLASS: INTRODUCING GRADE 7 STUDENTS TO THE UNIT

Introduction

While many grade 7 students state that they do not intend to use drugs or alcohol, beliefs, attitudes, and behaviours change over the junior high years. According to the *Nova Scotia Student Drug Use Survey 2007*, only 12 percent of grade 7 students used alcohol at least once in the past year, and only 6 percent will have used cannabis. By grade 9, however, 49 percent will have used alcohol at least once, and 31 percent will have used cannabis (according to the 2007 figures). In spite of what students state in grade 7, some will change their behaviour over the next two years. Why is that? In large part, it is because of the increasing influence of new personal, social or interpersonal, and environmental or cultural factors in their lives.[3]

This first session in the grade 7 unit of *A Question of Influence* introduces students to the types of factors that can influence their decisions regarding alcohol, cannabis, and other drugs. It describes some of the activities of the upcoming weeks and sets the stage for the rest of the unit.

[3] See Appendix B for a detailed discussion of the three types of influencing factors included in Healthy Living 7

Grade 7 Introductory Session

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame	Preparation	Materials
Identify personal, social, and cultural influences related to alcohol, cannabis, and other drug use (B3.7)	**To introduce** students to the entire unit and set the stage for an ongoing discussion on alcohol, cannabis, and other drugs	**Activity 7.1** *Circles of Influence*—The teacher introduces the concept of multiple types of influences on student decision making and describes upcoming activities.	Up to 20 minutes	Prepare Slide 7.A—*Circles of Influence*. Diagram.	Overhead projector
Describe the effects of alcohol, cannabis, and tobacco on the body systems (B3.5)	**To lay the foundation** for a discussion of the immediate physical, psychological, and social effects of alcohol and cannabis use in Learning Theme One by looking at the students' preliminary knowledge level	**Activity 7.2** *What We Know about Alcohol and Cannabis*— Students participate in a brainstorming session in which they complete graffiti walls around the room to identify what they know about the effects of alcohol and cannabis.	Up to 20 minutes	Transfer questions or headings listed in the activity to individual pieces of flip chart paper. Post around the room at the start of the class.	Flip chart paper Markers

TEACHER'S NOTES

ACTIVITY 7.1:
Circles of Influence

1. Begin the session by telling the students that, for the next few weeks, the focus of the Healthy Living class will be on alcohol, cannabis, and other drugs. Explain that statistics show that few students in grade 7 actually use alcohol, cannabis, or any other drug. However, by the time students reach grade 9, the percentage of students who have tried alcohol, cannabis, or any other drug has increased from the grade 7 percentage. Ask students if they have any idea why the percentage goes up between grade 7 and grade 9.

2. While the students are sharing their ideas about why they think the percentage goes up between grades 7 and 9, listen for examples of influencing factors. Explain that one of the reasons that more students have tried alcohol, cannabis, or other drugs by the time they reach grade 9 is because they experience a range of things that influence their thinking, behaviour, and decisions.

3. Share with the students that the three main types of influences that can affect decisions about alcohol, cannabis, and other drugs are the individual, other people in an individual's life, and the kinds of things an individual sees and hears in their community or the world around them. Using the *Circles of Influence* slide (7.A), explain to the students that, in the coming weeks, the class will be looking at the following influences:

    - how I influence myself
    - how others influence me
    - how I am influenced by the world around me

4. Explain to the students that one of the things the class will be looking at is a model for making decisions that each student can use to apply to their own day-to-day life. This will become one of the ways that they can influence themselves.

5. Indicate to the students that the class will also be looking at the ways friends have an influence on each of them. The students will get the chance to use the decision-making model and a few other tools in some possible situations where friends are trying to have an influence on individual decisions about alcohol, cannabis, and other drugs.

TEACHER'S NOTES

6. Tell the class that, towards the end of this unit, they will be looking at the potential influence of alcohol advertising on teenagers. To do this, though, everyone in the class will need to do some detective work in the next few weeks. Ask the students to start looking for alcohol advertisements when they go home today and keep on doing it until they are asked to bring what they have found to class.

Here are the guidelines for the advertising search to share with the class:

- Focus only on alcohol advertising.
- Any type of ad is okay. It can be a print ad from a magazine or newspaper. They can also videotape an ad from television or take a picture of a billboard ad or an ad in a store.
- If they do not have a way of taping or photographing a particular ad, they can write down a description of the ad. This will allow students to include radio ads and ads at sports or recreational events.
- Asking for help from family and friends is okay.
- Be particularly watchful for ads that could appeal to teenagers because they include animals, show young-looking people having a good time, include a well-known sports or entertainment celebrity, look like a cartoon, or use a well-known song as part of the ad.

Note

Throughout the first two learning theme activities, remind the students to keep collecting their ads throughout the first two learning theme activities. Watch for and collect ads yourself to avoid having no ads to work with for the third learning theme.

TEACHER'S NOTES

ACTIVITY 7.2:
What We Know about Alcohol and Cannabis

By completing a graffiti wall, students will have the opportunity to expose some of their beliefs around the effects and the normative aspects of alcohol and cannabis use.

1. Post four pieces of flip chart paper around the class and label them "Alcohol effects," "Cannabis effects," "What people my age are doing," and "What students in higher grades are doing."
2. Ask the students to go to each of the pages and answer the following corresponding questions:
    - What do you know about how drinking alcohol affects you? Include physical effects, psychological effects, and social effects.
    - What do you know about how cannabis affects you? Include physical effects, psychological effects, and social effects.
    - What do you believe other grade 7 students are doing when it comes to alcohol or other drug use? What percent have tried alcohol? What percent have tried cannabis? How often do you think they use alcohol? Cannabis? How much are they using?
    - What do you believe older students in the higher grades are doing when it comes to alcohol or other drug use? What percent have tried cannabis? How often do you think they use alcohol? Cannabis? How much are they using?
3. When the students have written everything down and returned to their seats, spend a few moments reading some of the items on each sheet. Ask the class if they believe that the items read out loud are true or not.
4. Explain to the students that the next class will be spent on finding out the facts about how alcohol and cannabis can affect teenagers.

Alternative instructions: To avoid the potential chaos of having many students moving around the room, one field-test teacher had the students work in four groups and circulated the four pieces of paper among the groups. Each group had the opportunity to add to what previous groups had contributed. Finally, the class reviewed all the comments together.

LEARNING THEME ONE: HOW I INFLUENCE MYSELF

Introduction

A significant source of self-influence is the amount of knowledge an individual has about a topic and the extent to which that knowledge is accurate or inaccurate. Accurate information is important to be able to make and act on informed decisions. Unfortunately, when it comes to alcohol and other drugs, there are numerous myths and misconceptions. This session will provide accurate information concerning some of the relative risks and harms of substance use and will correct common misconceptions. The emphasis is on alcohol and cannabis, the two psychoactive substances most commonly used among junior high students in Nova Scotia.

Good information is important in making sound decisions in situations involving substance use, but it isn't sufficient. It is also important for a student to have a clear understanding of his or her goals and values and to factor them into any important decision of this sort. Beyond that, it is also necessary for students to be familiar enough with a method for making decisions that they are able to apply it in these situations. This session will help students clarify their goals and values and introduce a decision-making model—WHOA (Wait, Have a Brain, Options, Action)—that students can incorporate into their day-to-day decisions.

Grade 7 Learning Theme One—How I Influence Myself

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame	Preparation	Materials
Describe the effects of alcohol, cannabis, and tobacco on the body systems (B3.5) **Identify** factors that influence the risk level of alcohol and cannabis use (B3.6)	**To identify** some of the effects of alcohol or cannabis use **To identify** some of the risks associated with the use of alcohol and cannabis **To begin** to look at what makes some patterns of use higher risk than others	**Activity 7.3** *Separating Fact from Fiction*—Working in small groups, students respond to a series of true or false statements that provide accurate information on alcohol and cannabis effects.	Up to 45 minutes	Make enough copies of Student Handout 7.A—*Fact or Fiction* and Student Handout 7.B—*Fact or Fiction Answers* for students to complete in pairs or groups of three or prepare a slide of the questions.	
Identify and practise strategies for making decisions that involve risk (B3.4) **Identify** positive and negative reasons for taking risks (B3.1)	**To identify** the things students value so that this can be used as a strategy to weigh the drawbacks or benefits with respect to taking alcohol and other drug-related risks	**Activity 7.4** *What Is Important to Me?*—Students discuss their personal goals and complete a list of what is important to them.	Up to 20 minutes	Make a copy of the Student Handout 7.C—*Some Things That Are Important to Grade 7 Students* for each student.	
Identify and practise strategies for making decisions that involve risk (B3.4)	**To apply** a series of decision-making steps to potential situations involving alcohol and drugs	**Activity 7.5** *A Decision-Making Model*—Students are presented with the WHOA decision-making model and discuss how it can be applied to their lives.	Up to 15 minutes	Prepare Slide 7.B—*WHOA!* Make a copy of the Student Handout 7.D—*WHOA!* for each student.	Overhead projector

TEACHER'S NOTES

ACTIVITY 7.3:
Separating Fact from Fiction

The purpose of this activity is to provide a "springboard" for discussion and an opportunity to examine some myths around alcohol and cannabis, two substances that grade 7 students are likely to encounter.

1. Explain that misinformation about alcohol and other drugs can have consequences. To avoid this, people need to know the facts.
2. Ask the students to form teams of two or three and distribute a copy of Student Handout 7.A—*Fact or Fiction Quiz* to each team. If you prefer, you can use a slide of all the questions and complete this exercise with the entire class as a group.
3. Instruct the students to respond to each statement with a T (True) or F (False) next the statement.
4. Once the teams have completed the quiz, review their responses to each quiz item with the entire class using Student Handout 7.B—*Fact or Fiction Answers*. Ask for one person from each team to be the official responder for their team. Then ask for a show of hands from each team that answered "true" and "false" for each of the 10 items. List the numbers 1 through 10 on the board and keep track of how many teams responded true or false for each question.
5. Once the responses from each team are recorded, review each statement using the provided answer key.
6. Once you have gone over the answers, the class can discuss the results with the following questions as discussion starters:
    - Did any of the correct responses surprise you? If so, which ones?
    - Were you surprised by #2 when alcohol is referred to as a drug? Do you tend to think of alcohol as a drug? Do you understand why it is a drug?
7. **Optional**: Ask the students to think back to some of the things they wrote about alcohol and cannabis on the graffiti wall in the previous class. Then, ask the following questions:
    - Did any of you notice that some of the things you wrote on the graffiti wall were not true? What things written on the wall were not true?
    - Is there anything on the wall that we haven't discussed through the quiz?

TEACHER'S NOTES

ACTIVITY 7.4:
What Is Important to Me?[4]

1. Explain to the students that our goals and values are among the personal factors that help us make any kind of decision, including those about alcohol and other drugs. Our goals are important because they help define who we are as individuals. Students in grade 7 may not have thought much about what their goals are, but they probably do have some. This activity is intended to bring those goals to light.
2. Ask the students to define the word goal. (A goal is something that we want to do, to be, or to achieve.) Ask for examples of some goals any of the students have right now. Is it something they think about a lot or hardly ever? Is the goal a long-term one or is it short term?
3. Tell the students that they will be working individually on this activity and hand out a copy of Student Handout 7.C—*Some Things That Are Important to Grade 7 Students* to each student. Explain that the items included in the list come from a survey of grade 7 students across Canada.
4. Ask the students as a whole to name any items that they think are missing from the list and have the students add the new goals to their list.
5. Have the students pick the three items that are the most important to them and ask them to write them down. Ask the students to share their three most important items with the class.
6. Ask the students: "How do you think the things that you've stated are important to you might be affected by using alcohol?" How might they be affected by using cannabis?" How do you think they might be affected by using any other drug?" If time is short, the focus can be on the alcohol question, followed by cannabis, as they are the substances the students are most likely to encounter. It is useful to have students consider alcohol independently from cannabis and other drugs as this may reveal some perceptions about alcohol as not having the same consequences and effects as other drugs.
7. Finally, tell the students that they will be using the model in a future class that will focus on making decisions about alcohol and cannabis. Ask them to keep the things they have identified as being important to them in mind as they work through the next activities and think about how the decisions they are being asked to make fit with the things they have identified.

[4] The ideas for personal goals in this learning theme are from the resource *Making Decisions—Grade 7* (1999) and are used with the permission of Alcohol-Drug Education Service, Vancouver, BC.

TEACHER'S NOTES

ACTIVITY 7.5:
A Decision-Making Model

The focus of this activity will be presenting a concise decision-making model and explaining how it works in detail so that students can apply it in the activities of the next learning theme.

1. Explain to the class that all of us make decisions and choices all the time. We aren't always aware of this, and we don't always put a lot of thought into it. Decisions have consequences. When it comes to making decisions about alcohol and other drugs, the consequences may not always be what we anticipate. These are decisions that we need to be aware of as we are making them. What we will do next is look at one way of thinking about the decisions we face about alcohol and other drugs.

2. Hand out copies of Student Handout 7.D *WHOA!* to each student.[5] Using the *WHOA!* Slide (7.B), present the four-part *WHOA!* decision-making model as follows:

   WHOA

   - **W***ait.* No matter how urgent or important something seems, put on the brakes. Stop and think about what is happening and the risks involved before you decide what to do, not after. This may be an important decision. Slow down and give it the thought it deserves.
   - **H***ave a Brain.* Identify the thoughts, pressures, and emotions at work when you are put on the spot about drinking or using other drugs. Understanding the influences at work may help you see beyond the present moment. Think about the problem, conflict, or dilemma and define it in one sentence.
   - **O***ptions.* Consider the options for solving the problem. There are always at least three options—accept, decline, or defer—and they each have pros and cons. Think about what might happen with each option considered.
   - **A***ction.* Pick the option that best fits with your personal goals and take the action that will get you there.

3. Invite student comments and feedback on the model to make sure they understand it.

[5] The WHOA! model of decision making is from the resource *Own Your Zone* (2002) and is used with the permission of the Alberta Alcohol and Drug Abuse Commission (2005).

LEARNING THEME TWO: HOW OTHERS INFLUENCE ME

Introduction

According to the *Nova Scotia Student Drug Use Survey 2007*, over 90 percent of the students who reported that all of their friends used alcohol or cannabis also reported that they themselves used alcohol or cannabis. On the other hand, 85 percent of the students who reported that none or only a few of their friends used alcohol or cannabis reported that they also did not use alcohol or cannabis. The substance use of peers appears to be a strong influence on students' behaviour.

This learning theme will focus on the development of "assertiveness" skills in situations that grade 7 students may encounter (e.g., drinking from a parent's liquor cabinet at a friend's house; being offered a beer by a friend's parent; partying in the woods; smoking a joint behind the mall or recreation centre, etc.). In addition to these examples, teachers are also encouraged to develop locally relevant examples with the students in order for the session to be as practical as possible for them (e.g., what situation would you find most awkward to face?). The graffiti wall or team approaches used in previous sessions could be used to generate ideas.

Given that 12 percent of grade 7 students had been a passenger in a car with a driver who had too much to drink (according to the *Nova Scotia Student Drug Use Survey 2007*) and that the percentage increases to 22 percent by grade 12 (with a higher percentage of females than males having done so), the role plays found in this learning theme include seeking alternatives to riding with an impaired driver.

Grade 7 Learning Theme Two—How Others Influence Me

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame	Preparation	Materials
Identify and practise strategies for making decisions that involve risk (B3.4) **Identify** positive and negative reasons for taking risks (B3.1)	**To familiarize** students with the concept of positive and negative peer influence **To provide** students with several ways of responding to negative peer influence **To increase** students' options for responding to peer influence	**Activity 7.6** *True-to-You Tools*—Through class discussion, students learn to distinguish positive peer influence from negative peer influence and acquire skills for resisting negative peer influence related to alcohol and cannabis use.	Up to 45 minutes	Prepare the following slides for presentation: 7.B—*WHOA!* 7.C—*Range of Peer Influence* 7.D— *True-To-You Tools* 7.E *The ADD Options* Make a copy of the Student Handout 7.E—*Get-out-of-it Techniques... When You Just Don't Want to* .	Overhead projector
Demonstrate the ability to set and maintain personal limits in a variety of decision-making situations involving peers (B4.2) **Identify** and practise assertive ways of refusing a ride with a driver who is under the influence of alcohol or cannabis (B4.3)	**To provide** students with the opportunity to apply a series of decision-making steps to typical situations involving alcohol and drugs **To provide** students with an opportunity to experience peer influence and to find ways of choosing how to respond **To provide** students with skills to lower the risks associated with riding with an impaired driver	**Activity 7.7** *Decision Stories Role-Play*—Working in small groups, students role-play several scenarios depicting real-life situations they may encounter. Students apply the tools they have learned to respond to the scenarios.	Up to 45 minutes	Make a copy of the Student Handout 7.F—*Decision Stories* and cut out the individual stories, one for each student group.	

TEACHER'S NOTES

ACTIVITY 7.6:
"True-to-You" Tools

1. Explain to the class that today they are going to be given tools that will help them make decisions that seem right for them when influenced by friends to do something that they may not want to. In addition to receiving the tools, the session will also cover recognizing peer influence and getting a chance to practise using the tools.

2. Introduce the topic of influence or pressure from peers by asking the students what they think the term "peer pressure" means and if it is always negative. Discuss using the term "peer influence" rather than "peer pressure" to move away from something that is always negative.

3. Using the *Range of Peer Influence* slide (7.C), explain that peer influence can be positive or negative, direct or indirect.[6] Ask the students to give some examples of each type of influence. Ask them "Is there a difference between negative pressure and bullying?"

4. Ask the students to reflect for a moment about what kind of influence they personally might have on their friends. Depending on your experience with and knowledge of the students in the class, you can have them share their responses out loud or just reflect on the following questions: "Do you see yourself as someone who is likely to be pressured by others, or are you the one applying the pressure?"

5. Finally, ask the students "Why do you think some teens try to directly influence others in negative ways? What do they gain from that?"

6. Tell the class that, although you have been looking at four different types of peer influence, the things you are going to do next focus on handling direct and negative peer influence around using alcohol and other drugs. Tell the students that they are going to be given a toolkit for handling negative direct pressure.

7. Using the *True-to-You Tools* slide (7.D), go over the first two of the four tools:

    - Remembering the things that you identified as important to you in an earlier activity (Activity 7.4) can serve as guideposts when deciding how to respond to negative influence.
    - Using the WHOA! model that has already been discussed can help you make less risky choices.

[6] The description of peer influence is adapted with permission from the British Columbia–based Alcohol-Drug Education Service's resource Making Decisions—Grade 7 (1999).

8. Using the ADD slide (7.E), tell the students that they have the option to Accept the influence (and try to minimize the risks you are taking), Decline the influence (and use the "Get-Out-Of-It" techniques that will be described next) or Defer the decision until the next time ("No, not now. Maybe later.").

9. Distribute copies of Student Handout 7.E—*Get-out-of-It Techniques... When You Just Don't Want To* to each student. Briefly go over each of the techniques. Ask the students to provide some examples of each technique using their own words.

TEACHER'S NOTES

ACTIVITY 7.7:
Decision Stories Role Play

1. Explain to the class that they are going to use their tools by role-playing some decision stories.[7] Ask the group to break up into groups of three, four, or five, depending on the size of the class. Size-of-group guidelines for each story are as follows:

   Story One: A minimum of three students, can accommodate four or five
   Story Two: Three students
   Story Three: Three students
   Story Four: A minimum of three students, can accommodate four or five
   Story Five: A minimum of three students, can accommodate four or five
   Story Six: A minimum of four students, can accommodate more
   Story Seven: Three students

2. Distribute one of the seven decision stories from Student Handout 7.F to each of the groups. Instruct the students to read their story and decide who will take each individual part. Some of the roles involve exerting negative influence, and some of the roles involve resisting the influence and refusing alcohol or cannabis. In each role play, students are to demonstrate using some of the techniques they have learned. Give the students about 10 to 15 minutes to practise their stories. Each group has two to three minutes to present their role play.

3. Have each team present their role play. After each individual skit, ask the class the following questions:
   - What benefits did the person applying the negative influence identify?
   - What techniques did you see used to refuse alcohol or cannabis?
   - Where there other options you can think of?

   Limit each discussion to two or three minutes.

4. Once all of the groups have presented, wrap the session up by asking: What have you learned about standing up to negative influence from peers? Do you think that you will be able to use some of the techniques we've discussed in your real life?

5. At the end of class, ask the students to bring in the alcohol advertisements they have collected over the past few weeks for the next class (see the instructions for Activity 7.8 of Learning Theme Three).

[7] The ideas for personal goals in this learning theme are from the resource *Making Decisions—Grade 7* (1999) and are used with the permission of Alcohol-Drug Education Service, Vancouver, BC.

LEARNING THEME THREE: HOW I AM INFLUENCED BY THE WORLD AROUND ME

Introduction

Teenagers are faced with a variety of sources of influence in their communities and the world around them. They are exposed to the use of alcohol, cannabis, and other drugs in movies, television, the lyrics of popular songs, and the presence of alcohol outlets in their communities. They are also exposed to a wide range of advertising that promotes and normalizes the use of alcohol. In theory, alcohol advertising should be designed for young and older adults but not teenagers who are under the legal drinking age. In practice, the intended target audience of specific ads is questionable. This activity in this third learning theme is intended to encourage students to turn a critical eye on local alcohol advertising and evaluate the apparent messages as well as the various audiences that might find the ads appealing.

Grade 7 Learning Theme Three—How I Am Influenced by the World around Me

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame	Preparation	Materials
Demonstrate an awareness of adolescents as a target population for consumer marketing (C3.2)	**To expose** students to the multiple messages in alcohol advertising **To foster** critical and evaluative skills in students for looking at alcohol advertising	**Activity 7.8** *Behind the Messages*—Using examples that they have been collecting, students discuss the messages in alcohol ads and their possible appeal to youth.	Up to 45 minutes	Ask students to bring in their ads ahead of time for teacher review and response.	Possibly a VCR and TV

TEACHER'S NOTES

ACTIVITY 7.8:
Behind the Messages

Note

There are two options for this session. One is to ask the students to bring in their ads during the class preceding this activity so that you can review the materials and make a decision about which ads will be used in class. Then ask the students who brought in the selected ads to comment on why they chose those ads. The second option is to ask the students to bring in their ads the day of the class, have each student present their ad(s), and explain why they think it might appeal to teenagers.

1. Begin the session by reminding the students that they were given an assignment about alcohol advertising during the first class on alcohol, cannabis, and other drugs. That assignment involved collecting alcohol ads they thought might appeal to teenagers.
2. Ask the students to pick one of their ads to share with their class. Ask each student to show or describe their ad and indicate why they think it might appeal to teenagers. As the students talk about their ads, make a note of the reasons they give for the ad's potential appeal to teenagers so that you can present a summary at the end of the presentations.
3. Once all the students have presented their ads, ask the class the following questions:
    - Now that you have seen these ads, do you believe that alcohol advertising can get the attention of teenagers? [Be prepared to counteract a "no" response.]
    - What techniques or approaches do the ads use that make them appealing to teenagers? [Watch for things such as including animals, showing young-looking people having a good time, including a well-known sports or entertainment celebrity, having a cartoon-like look to the ad, or using a well-known song as part of the ad.]
    - Why do you think the companies that sell alcohol would want their ads to catch the attention of teenagers? [A possible answer is to lay the foundation for the next generation of alcohol product consumers.]

TEACHER'S NOTES

4. Wrap up the session by asking the students to discuss what messages they think can be found in the ads. Some examples include
   - Drinking alcohol is fun.
   - People always have a better time when they drink.
   - People who drink alcohol have interesting lives.

   Ask the students to comment on whether they think the messages are accurate or not.

FINAL SESSION: WRAP-UP AND ASSESSMENT—UNDERSTANDING OUR CIRCLES OF INFLUENCE

Introduction

The first session of Healthy Living 7 introduced students to the types of factors—individual, social, and environmental or cultural factors—that can influence their decisions regarding alcohol, cannabis, and other drugs. This final session asks the students to reflect on what they have learned about influencing factors from the previous learning themes and activities. It asks them to demonstrate what they have learned by describing what types of influences they personally experience.

By assigning the session's single activity, teachers have an opportunity to assess student progress and learning from the unit by students' responses to identifying their own influences or through the development of a rubric tailored by individual teachers for the activity.[8]

Grade 7 Wrap-Up Session

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame	Preparation	Materials
Identify personal, social, and cultural influences related to alcohol, cannabis, and other drug use (B3.7)	**To assess** student learning and application of that learning about the factors that influence the use of alcohol, cannabis, and other drugs	**Activity 7.9** *What Influences my Decisions and Choices?*—Students complete a diagram of the factors that influence their decisions.	Up to 45 minutes	Prepare Slide 7.A—*Circles of Influence*. Make a copy of Student Handout 7.G—*Circles of Influence* for each student.	Overhead projector Flip chart

[8] See Appendix D for examples of assessment rubrics.

TEACHER'S NOTES

ACTIVITY 7.9:
What Influences My Decisions and Choices?

1. Remind the students that the focus of the previous classes has been developing an understanding of the way personal, social, and cultural factors affect the decisions they make about alcohol, cannabis, and other drugs. Using the *Circles of Influence* slide (7.A), explain that these factors can be described as
    - how I influence myself
    - how others influence me
    - how I am influenced by the world around me

2. Write the three factors on separate pieces of flip chart paper. Alternatively, make three columns on the board in front of the classroom using the same headings. Ask the students for examples of the things that might fit under each heading. Some typical responses might look like this

How I influence myself	**How others influence me**	**How I am influenced by the world around me**
The skills I have for making up my mind	Friends	Laws related to alcohol and other drugs
My knowledge/information	What others expect me to do	How easy it is to get alcohol or cannabis
My values and goals	My parents and grandparents	Television and movies
My feelings	My teachers and coaches	Advertising

3. Once the students have completed this list, there are four key points to share:
    - We have control over some of these influences and no control over others.
    - Sometimes, the various influencing factors may be in conflict with each other (for example, what friends want us to do and what parents may want us to do).
    - Depending on our individual values and goals, some of these factors have a strong influence on the decisions we make, while others have only a minor or weak effect.
    - The factors that influence us change over time.

TEACHER'S NOTES

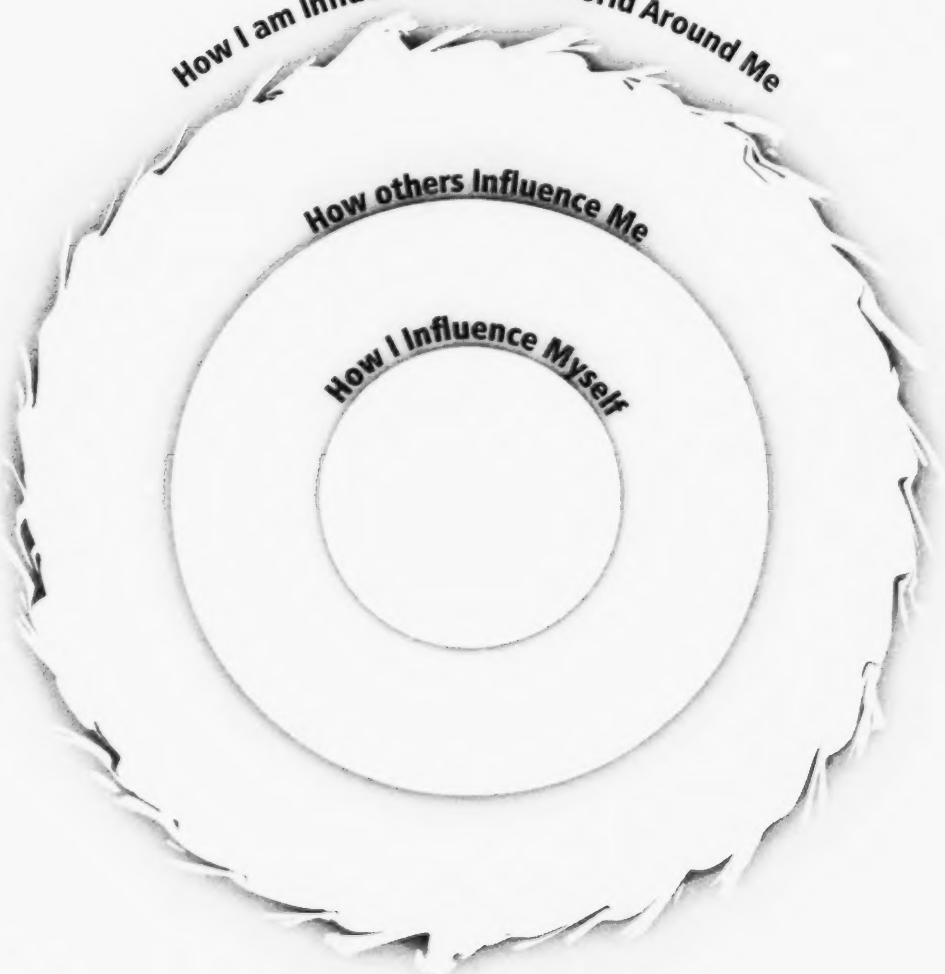
4. Ask the students to work in pairs or groups of three and hand out a copy of Student Handout 7.G—*Circles of Influence* diagram to each student. This provides them with an opportunity to talk about "who" and "what" influences them with a peer or peers.

5. Ask the students to think about "who" and "what" influences them, based on what they have learned in previous classes and their own experience. Instruct them to talk this over in their groups and fill in the *Circles of Influence* diagram by placing the things that influence them in the appropriate category: how I influence myself, how others influence me, or how I am influenced by the world around me.

6. When the students have had about 5 to 10 minutes to complete this, ask a few general questions of the whole group about the things they identified as influencing them. For example:
    - How many of you identified a friend as an influence?
    - How many identified a family member as an influence?
    - Who tended to be more of an influence, your parents or your friends?
    - How many of you identified your knowledge about alcohol and drugs as an influence?
    - How many of you identified movies or television as influences?

7. Wrap up the activity and conclude the class by asking students to hand in their *Circles of Influence* diagram for assessment.

CIRCLES OF INFLUENCE



WHOA!

Wait

Have a brain.

Options

Action

The WHOA! Model of decision making is from the resource *Own Your Zone* (2002) and is used with the permission of the Alberta Alcohol and Drug Abuse Commission (2005).

RANGE OF PEER INFLUENCE

	Direct	Indirect
Positive	When someone encourages you to do something that is good for you.	When someone sets a positive example by what they do.
Negative	When someone tries to get you to do something that is risky or bad for you.	When everyone else seems to be doing things that are risky or bad for you.

The description of peer influence is adapted with permission from the British Columbia – based Alcohol-Drug Education Service's resource *Making Decisions – Grade 7* (1999).

TRUE-TO-YOU-TOOLS

- The Things That Are Important to You
- The WHOA! Decision-Making Model
- The ADD Options
- Get-out-of-It Techniques

THE ADD OPTIONS

Accept

Decline

Defer

FACT OR FICTION QUIZ

Discuss each of the following statements in your group. Decide if they are true or false.

1. It is safer to use cannabis than to drink or take any other drug.
2. You can overdose on alcohol the way you can with other drugs.
3. Getting caught with cannabis is illegal for all ages.
4. Drinking beer can cause as many serious health problems as drinking "hard" liquor can.
5. It is dangerous to drink and take prescription or over-the-counter drugs.
6. For teens, one of the riskiest things to do is to drink to get drunk.
7. Alcohol is a stimulant that makes you feel happy.
8. Nova Scotia students who responded to a survey have reported their drinking has caused tension with family and friends.
9. Using cannabis affects one's ability to drive a car.
10. There is evidence that smoking cannabis can lead to lung cancer.

STUDENT HANDOUT 7.8

FACT OR FICTION ANSWERS

1. *False.* Cannabis can affect short-term memory, impair decision making, and contribute to accidents. Longer-term regular use can cause lung damage and lead to dependency. Recent research shows that long-term regular use can lead to mental health problems among people who are vulnerable to these problems.

2. *True.* An alcohol overdose comes in the form of alcohol poisoning. If the blood alcohol level rises high enough (from drinking a lot of alcohol in a short time), this can shut down breathing and lead to unconsciousness and death. Drinking can also cause death when a person loses consciousness, vomits, and suffocates or chokes on their vomit. When someone passes out after drinking, they need help.

3. *True.* The possession and use of marijuana is illegal everywhere in Canada, regardless of age.

4. *True.* Beer drinkers can develop health problems that are just as serious as the health problems of people who drink spirits, such as whiskey, rum, gin, vodka, and liqueurs, and wines. Which type of alcohol one drinks has less impact on health as how much, how often, and for how long one drinks.

5. *True.* Alcohol when mixed with other drugs (prescription and over-the-counter medications as well as illegal drugs) can produce unpredictable results. Some combinations are potentially dangerous because they may multiply rather than simply add to each other's effects. For example, alcohol can have potentially dangerous effects when mixed with Aspirin products or antihistamines found in cold, cough, or allergy medications, or with marijuana, painkillers, tranquillizers, and sleeping pills, with consequences ranging from seriously impaired behaviour to overdose and coma.

6. *True.* Getting drunk means having poor motor coordination combined with lowered inhibitions and poor judgment. This combination of effects greatly increases the risk of being injured, having an accident, being in a fight, overdosing, or other dangerous behaviour. Over time, other problems can arise, ranging from distracting a person from their goals to alcohol dependence (alcoholism). This can result in many other problems, including conflicts with family, friends, and the law.

7. *False.* Alcohol is actually a depressant that slows down the functions of the central nervous system, including the brain. This is the reason why people feel relaxed soon after they consume alcohol. Alcohol also depresses the part of the brain that controls inhibitions, resulting in less self-control. However, if too much alcohol is consumed, the brain slows enough to cause sleep or unconsciousness. Since the brain

controls the heart and your breathing rate, muscle coordination, memory, and thought, the slowing of the brain's functioning will have a depressing effect on the body. Alcohol may give temporary relief to feeling sad or down, but it does not correct the circumstances that are causing the feelings.

8. *True.* Seventeen percent of students (or 1.7 out of 10) who reported they had consumed alcohol in the 12 months leading up to the survey reported tensions with family or friends as a result of drinking.

   Other alcohol-related problems among those students included

   Damaged things when drinking 23.5%

   Personal Injury 23.7%

   Money problems 12.6%

   Drove under the influence of alcohol 9.9%

   Trouble with Police 6.7%

   Schoolwork problems 5.0%

   Unplanned sex after alcohol or drug use among students in grades 9, 10, and 12 who consumed alcohol 22.2%

9. *True.* Cannabis can affect a person's balance, judgment, reactions, memory, and perceptions. Operating a vehicle while under the influence of cannabis is both illegal and dangerous, particularly when combined with alcohol.

10. *True.* Cannabis smoke contains up to 50 percent more tar and cancer-causing chemicals than cigarettes. This, combined with the fact that a cannabis smoker tends to bring the smoke deeper into the lungs and hold it for a longer period, means that lung problems (e.g., bronchitis and major lung diseases such as emphysema and cancer) can result from smoking fewer joints than cigarettes. The smoke also harms the immune system, which wards off infections and disease in the body.

NOTE

Note: Some of the survey questions and answers used in this exercise have been adapted from results of the most recent Nova Scotia Student Drug Use Survey found in Poulin, C and Elliott, D. (2007) *Nova Scotia Student Drug Use 2007: Technical Report*. Halifax, NS: Nova Scotia Department of Health Promotion and Protection and Dalhousie University.

SOME THINGS THAT ARE IMPORTANT TO GRADE 7 STUDENTS

Look over the following items. Add others that you think are important at the bottom. Then, circle the three that are the most important to you.

- money and wealth
- getting good grades
- being part of a church
- being good at sports
- being physically strong
- being popular at school
- having a best friend
- having a lot of friends
- privacy
- having cool clothes
- being able to make my own choices
- my parents having a good opinion of me
- being a good role model for younger siblings
- having the same things (cell phone, iPod) that other kids have

Other:

_____

_____

_____

_____

_____

_____

WHOA! DECISION-MAKING MODEL

1. **Wait a minute!**
   Don't **DO** or **SAY** anything.

2. **Have a brain.**
   Figure out what the conflict or problem is. Define it in one sentence.

3. **Options**
   List the possible choices/options that can be made. For each choice, list the possible outcomes or consequences of the choice.

4. **Action**
   Make a choice. Pick the option that you believe will lead to the outcome you most want and take the action needed to get you there.

How comfortable are you with the outcome?

Would you make the same decision again?

The WHOA! Model of decision making is from the resource *Own Your Zone (2002)* and is used with the permission of the Alberta Alcohol and Drug Abuse Commission (2005).

GET-OUT-OF-IT TECHNIQUES... WHEN YOU JUST DON'T WANT TO

Turn the Tables

Explain that you would not ask that person to do something they don't want to do and you would appreciate them treating you the same.

Give an Alternative

Suggest something you could do instead, especially if it can bring about the same result.

Identify False Information

If someone uses a reason like "everyone else is doing it" or "what's the harm," point out that his or her information is incorrect.

Change the Subject

Start talking about something else as if you didn't hear what they say.

Leave

You don't have to stay when things make you uncomfortable. Leave the room or leave the situation.

Take a Stand

Say no and that you are not going to change your mind so don't bother trying.

Avoid the Situation

Plan ahead and try to anticipate what is likely to happen so you can decide to stay away.

Get Back-Up

Try to get someone else in the group to agree with you so that you are not alone.

DECISION STORIES—WORKING IT OUT

Story 1: Your Choice

You and your best friend are invited to a party on a Friday night at the home of a guy in your class and you go. At the party, you are invited by other kids that you don't know all that well to go into another room to listen to music and to share some cannabis. They tell you that taking a few tokes from the joint will make you feel great. You don't want to do this—what can you do or say?

Story 2: Your Choice Part 2

This story is exactly like the first one... with a twist.

You and your friend are invited to a party on a Friday night at the home of a guy in your class and you go. At the party, a close friend (who is usually with you and arrived at the party ahead of you) invites you to go into another room to listen to music and to share some marijuana. Your friend has just tried it and tells you that a few tokes from the joint will make you feel great. You don't want to do this—what can you do or say?

Story 3: It is a School Night

You are at a friend's house early one evening. It is the night before a math test at school, and you are studying together. Your friend's parents are out running a few errands, but her older brother is home. He comes into the kitchen where you are studying and gets a beer out of the fridge. He offers the two of you a beer, saying it will relax you and make the studying easier. You don't want a beer—what can you do or say?

Story 4: Beer Pressure

Two of your friends have invited you to come with them to one of their homes. They are bragging about the fact that there is beer in the garage, and they are going to drink. Although they are your friends and you like hanging out with them, you really do not think taking beer from the garage and drinking it is a good idea, and you don't want to do it. What will you do or say?

DECISION STORIES—WORKING IT OUT

continued...

Story 5: Bring the Booze

Your friends are planning a small party to celebrate Amanda's 13th birthday. Amanda is the first one in your group to turn 13, and you want to make it special. One of the girls suggests celebrating with drinks like parents do. They have all seen the fancy liquor cabinet with all the glasses and bottles at your house, so Stacey suggests that you take a bit of booze from each bottle in your parent's cabinet and bring it to the party. You don't want to—what can you do or say?

Story 6: Wine with the Meal

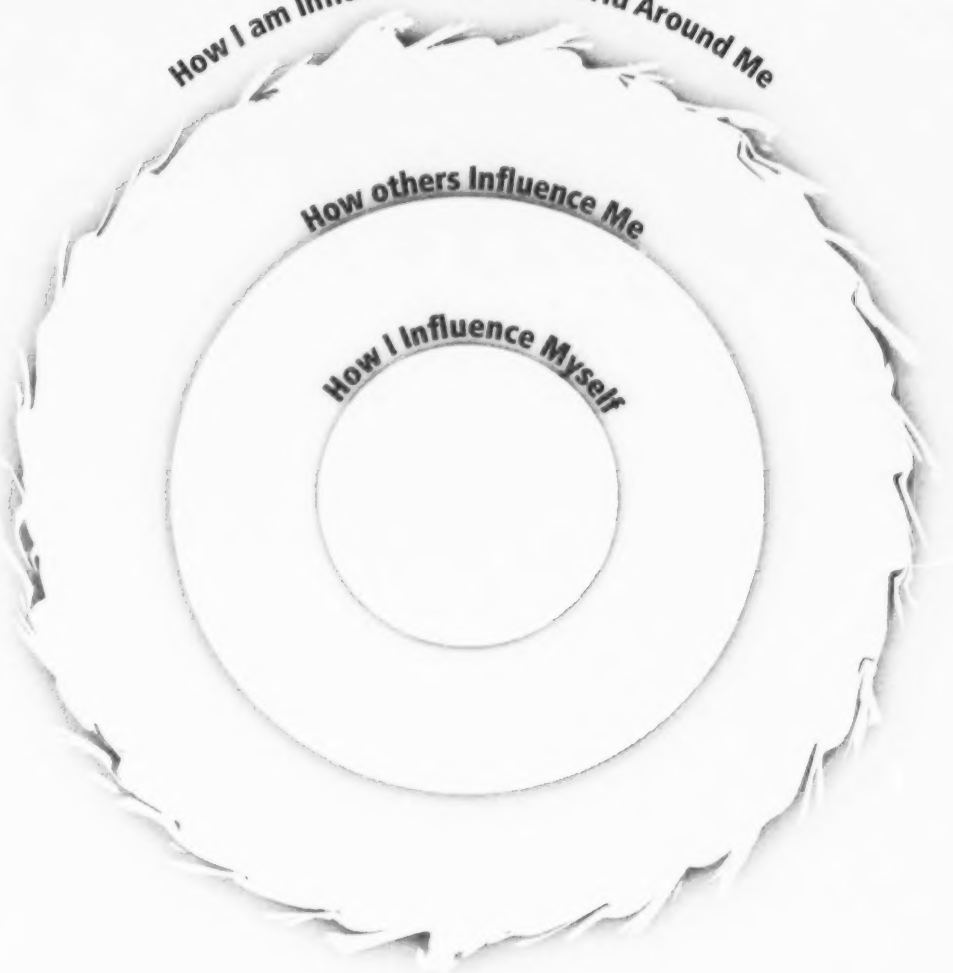
It is Thanksgiving weekend and your parents have gone away, leaving you to spend the weekend at a friend's house. The family is having a big meal with lots of food and relatives in attendance. At the beginning of the dinner, when everyone starts to enjoy their meal, one of the adults pours wine in everyone's glass, including your friend's and yours. You have never had a glass of wine at home. You don't want to do this—what can you do or say?

Story 7: Behind the Wheel

You are at your best friend's house working on a school project. You work longer than you had planned and now it is late. You pack up to go home, prepared to walk. Just as you leave the house and walk down the driveway with your friend, your friend's older brother pulls into the driveway in his car and offers to give you a ride home. You can smell cannabis coming from the open car window and notice a few empty beer bottles in the car. You don't want to get in the car but you are also worried about getting home late. What can you say or do?

The ideas for personal goals in this learning theme are from the resource *Making Decisions – Grade 7* (1999) and are used with the permission of Alcohol Drug Education Service, Vancouver BC.

CIRCLES OF INFLUENCE



SECTION 3

GRADE 8 LEARNING PLANS

A QUESTION OF INFLUENCE: CURRICULUM SUPPLEMENT

INTRODUCTION TO THE GRADE 8 UNIT

The overall aims of this grade 8 unit are to strengthen students' understanding of the factors that influence substance-use decisions and to help them make healthy substance-use decisions. An important ingredient of sound decision making is having a clear understanding of risks and harms linked to substance use—those concerning alcohol and cannabis mainly will be presented. The remainder of the unit aims to increase knowledge and skills pertaining to family and media influences.

The assumption here is that alcohol and/or cannabis will still be the substances of choice and most easily available. However, the *Nova Scotia Student Drug Use Survey 2007* shows that hallucinogens (mescaline or psilocybin) are the third most frequently used category of psychoactive substances. The Healthy Living curriculum also identifies a discussion of over-the-counter and prescription drug misuse as required outcomes for grade 8 students. The best knowledge available on junior high school-level drug education advises that the program focus on the drugs that are available to students rather than provide a broad education on all substances. Yet, what is available and what is in use can change at a faster pace than survey data can report. This first lesson in Healthy Living 8 is designed to help teachers identify what other substances are available to their students to help them tailor the activity plans to those specific substances.

Grade 8 Unit Overview

The grade 8 component of *A Question of Influence* covers the three spheres of influence—personal, social, and cultural—in the form of three learning themes: how I influence myself, how others influence me, and how I am influenced by the world around me. Each learning theme includes a set of activities and associated teacher and student materials matched to the Nova Scotia Healthy Living curriculum outcomes for grade 8. The three learning themes are preceded by an introductory session that introduces the complete unit to the students and lays the foundation for the learning theme activities. A fifth and final wrap-up session completes the unit. It is designed to encourage students to reflect on what they have learned about what influences their decisions around alcohol, cannabis, and other drugs. It also provides the teacher with an opportunity to assess what students have learned from the unit as a whole.[1]

[1] Suggestions for assessing other aspects of student performance throughout the unit can be found in Appendix D.

Each of the three learning themes, the introductory session, and wrap-up session begin with introductory notes to help orient the teacher to the content of that session or learning theme. A summary table is provided at the beginning of each session/learning theme to identify the Healthy Living curriculum outcome links, specific activity objectives, estimated time frame, and preparation required to work through each activity in class. Separate pages for teaching aids, referred to as "slides" throughout the unit, and student handout materials are found at the back of the unit.

The time estimates included here are based on the actual outcomes of the resource field test in the winter and spring of 2006. The complete unit is intended to be delivered in no more than six hours of instructional time or a maximum of eight 45-minute classes. Not every teacher will have Healthy Living classes that run for 45 minutes, and the delivery of the activities will have to be adapted based on the length of class time available.

It is strongly recommended that none of the learning themes be dropped in order to shorten the time required to deliver the unit. Instead, suggestions for shortening individual activities include the following:

- Reduce the number of case studies or stories used for group activities.
- Reduce the number of groups and increase the group sizes. If increasing the size of small groups is not an option, assign the same story to more than one group, ask one group to report back on the story and, once they finish their report, ask the other groups with the same story if they have anything to add.
- Place strict time limits on brainstorming activities (five minutes, for example) rather than trying to get every last idea or comment.
- Place case studies on slides and discuss them with the entire class.

A NOTE ON THE APPROACH TAKEN WITH THIS SUPPLEMENT

This supplement is based largely on the Social Influences Model—the drug education approach that has been shown by research over the past 25 years to be most effective for junior high school students. This model sees adolescent use of substances as the result of influences from peers, the media, and the general culture. These social influences take the form of messages that appear to condone substance use: for example, modelling of alcohol and other drug use by peers and media personalities, persuasive advertising appeals, and/or direct offers by peers to use substances. For the purposes of this supplement, personal influences stemming from normal adolescent development (e.g., need for independence, to experience risk)

are also viewed as an important source of influence. This model aims to create greater awareness of these three spheres of influence—personal, social or interpersonal, and cultural or environmental—and to develop skills to analyse and minimize their impact.

A NOTE ON THE USE OF THE TERM "CANNABIS"

The term "cannabis" is used throughout the resource. During the field-test phase of resource development, some students commented that "cannabis" was a new word for them. Although junior high students are more familiar with the term "marijuana," the resource continues to use "cannabis" as it is a more inclusive term, including marijuana, hash, and hash oil. It will be helpful to the students if teachers explain to them that the term cannabis will be used to refer to the substance they may know as marijuana, pot, weed, dope, grass, or hash/hash oil.

FIRST CLASS— INTRODUCING GRADE 8 STUDENTS TO THE UNIT

Introduction

This first session of Healthy Living 8 includes a very brief refresher on the concept of influencing factors connected to alcohol, cannabis, and other drug-related decision making. It carries through with the Healthy Living 7 curriculum outcome "Identify personal, social, and cultural influences related to alcohol, cannabis, and other drug use (B3.7)" that forms the foundation of this curriculum supplement. It also introduces grade 8 students to the entire unit and sets the stage for an ongoing discussion on alcohol, cannabis, and other drugs. The first class includes a brief brainstorming activity that asks students to reflect on the substances that are actually available in their community as well as the substances that they suspect are being experimented with by other students in their school or community. This provides students with the opportunity to consider the role that environmental influences (e.g., what substances are available) and social influences (e.g., what their peers are doing) may play in their own substance-use choices.

Grade 8 Introductory Session

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame	Preparation	Materials
Identify personal, social, and cultural influences related to alcohol, cannabis, other drug use, and gambling (B3.7 and reinforce Healthy Living 7 B3.7)	**To introduce** students to the entire unit and set the stage for an ongoing discussion on alcohol, cannabis, and other drugs	If introducing Circles of Influence for the first time, it is recommended that students complete Activity 7.1 from Healthy Living 7 **Activity 7.1** Circles of Influence- The teacher reviews the concept of multiple types of influences on student decision making and describes upcoming activities **Activity 8.1** *What Substances Are in Our Community?*—Through a brainstorming exercise, students identify the substances available to them in their community and consider the implications of the availability of these substances.	Up to 30 minutes Up to 45 minutes if introducing the *Circles of Influence* for the first time	Prepare Slide 8.A—*Circles of Influence*, if needed.	Overhead projector Flip chart or blackboard

TEACHER'S NOTES

ACTIVITY 8.1:
What Substances Are in Our Community?

Note

The instructions for this first class are written as if grade 8 students have been exposed to the concept of three types of influences that can affect their decisions around alcohol, cannabis, and other drugs. In the first year that *A Question of Influence* is used in the Nova Scotia school system (2006–2007), teachers will need to extend the length of time for this introductory class and add Activity 7.1: *Circles of Influence* from the grade 7 unit (see pages 41-42). Insert instruction points 1 through 3 of that activity into the beginning of this introduction to the grade 8 unit and drop instruction point 1 below.

1. Remind students that the material on alcohol, cannabis, and other drugs they have covered in Healthy Living 7 classes has looked at three types of influencing factors that can have an impact on their decisions and behaviour. Ask the students to recall the three types of influences. Explain that the activities that will be covered in Healthy Living 8 also look at ways they can influence themselves, how others influence them, and how they are influenced by the world around them. Explain to the students that the activities related to the three types of influence in this unit are more in-depth than in previous grades.

2. Explain to the students that two things that can influence their decisions about alcohol, cannabis, or other drugs are what they see others doing and what substances are available. If the upcoming activities are to be useful, they need to focus on the substances they are most likely to face. As a result, ask for their input on what they know for sure is available right here in this community. Stress that you are not assuming that they are using anything nor are you asking them what, if anything, they are using. You are just looking for a list of substances that should be the focus of the upcoming classes, based on what the students know for sure.

   Ask the students to answer the following questions:
   - What substances are available to you at home, at school, and in the community?
   - What do you know for certain that other teens in our community are using?
   - Is there anything special or unique about how they are using the

TEACHER'S NOTES

substance (smoking it, washing down with alcohol, or combining with another drug)?

Depending on your sense of which approach would draw more information, you can use an open or anonymous approach. In the open approach, have students come up to the flip chart or board (as a group, not one by one) and write things down. In the anonymous approach, students can write their responses on slips of paper. Ask them to put their responses in a box that you circulate among the students. Try to have every student contribute.

3. Finally, take stock of all the responses and draw some conclusions. Look at which substances come up most frequently (e.g., some form of alcohol and cannabis) and what follows after these (e.g., mushrooms, some kind of prescription drug). You may need to ask for clarification on some of the items, depending on street names, etc. Try to end up with a short list of four categories such as alcohol, cannabis, prescription meds, and mushrooms. Appendix B: Understanding Drug Influences, Risks, and Effects can help you with categorizing different drugs.
4. Once you have a short list, ask the class "Does this look accurate? If we concentrate on these substances, will it provide you with enough information on the things you might run into to make sound decisions? If the answer is yes, end the lesson by indicating that these substances will show up in the future activities. If the answer is no, ask, "What is missing or should not be here?" and change the list until the class agrees.

You may encounter one student who is adamant about one specific drug, even though it is not really something everyone agrees they will encounter. Keep the substance on the list and assign it to that student as a part of the process of developing survey questions in the next session.

Note

The case studies and activities throughout this unit emphasize alcohol and cannabis. Based on the results of students' identification of what is available to them, you may want to incorporate these substances into Learning Themes One and Two by adding an additional substance to the survey questions and switching the substances mentioned in the stories.

LEARNING THEME ONE: HOW I INFLUENCE MYSELF

Introduction

A major source of self-influence for adolescents is their access to accurate knowledge and their ability to identify and correct common misconceptions. The purpose of this activity plan is to clarify common student misperceptions concerning alcohol, cannabis, and pharmaceutical products and to provide them with a greater understanding of the risks. The risks addressed include injury, longer-term health problems, and coming into conflict with the law. This will be accomplished through students' participation in a "game show" where teams compete with each other to come up with the correct response to a series of questions on the risks associated with the use of alcohol, cannabis, and other drugs.

Grade 8 Learning Theme One—How I Influence Myself

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame	Preparation	Materials
Demonstrate an understanding of the risks associated with the use of alcohol, cannabis, and other drugs (B3.6) **Demonstrate** knowledge of laws related to alcohol, cannabis, other drugs, and gambling (B3.5)	**To provide** students with an understanding of the legal implications of possessing or using alcohol, cannabis, or over-the-counter/prescription drugs at their age **To provide** students with an understanding of the risks involved with the use of alcohol and cannabis, and the non-medical use of over-the-counter and prescription medications	**Activity 8.2** *The Game Show—Knowing the Risks of Alcohol and Other Drugs*—By working as teams, students compete in a "Reach for the Top" type game show to decide the correct answer to a series of questions on alcohol and other drug-related risks.	Up to 90 minutes; two 45-minute classes	Preview the 15 items on Student Handout 8.A and 8.B. If students identified a substance through Activity 8.1 that is not covered in the 15 items, refer to Appendix C: Detailed Information for Selected Drugs to develop one or two additional questions on the risks of that substance and write them in on the handouts. Make copies of Student Handouts 8.A—*Risk-Wise, Part One* and 8.B—*Risk-Wise, Part Two*. Get five to six bells, whistles, or other noisemakers, one for each class team.	

TEACHER'S NOTES

ACTIVITY 8.2:
The Game Show—Knowing the Risks of Alcohol and Other Drugs

Note

This activity includes 15 (potentially one or two more) alcohol and other drug risk–related items and their correct responses. Having teams respond to these items and discussing the correct result will be time consuming. The best way to maximize discussion of the risks is to divide the items in half and complete the game over two classes. The students will be given the questions at the start of each class to discuss in teams before the game begins. The statements have been divided into two handouts so that teams cannot research their responses between the first and second classes.

1. Begin the session by explaining to the class that research has shown that, when making decisions about trying alcohol and other drugs, teenagers are often influenced by their perception and knowledge of what risks are connected to using a specific substance. The risks can include health effects and getting into trouble with the law. In addition, one substance may carry greater or lesser risks than another substance. Tell the class that the next session or two will take a look at how "risk-wise" they are and will give them the opportunity to compete in a game.

2. Divide the class into teams of five to six students. Explain that each team is going to be given a sheet of seven to eight statements and asked to decide whether they agree or disagree with each statement. They will have about 10 minutes to do this. They can then appoint a team "mouth" to represent the team in a competition against other teams to come up with the most correct responses to the statements. Once the groups are formed, give each team a copy of Student Handout 8.A—*Risk-Wise, Part One.*

3. After the teams have worked for 10 minutes, line up the team "mouths" at the front of the class and give each "mouth" a noisemaker. Explain that you are going to read each statement, and the "mouths" are to make their noise as fast as they can to see who gets to go first. Ask a student to volunteer to be the scorekeeper and ask them to keep track of each team's responses.

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4. Once the teams have responded to all the questions on Student Handout 8.A—*Risk-Wise, Part One*, read out the correct response to each item from the responses on pages 87-89 and discuss it with the students. Have the scorekeeper give each team one point for their correct responses and no points for their incorrect responses.

5. Repeat steps 2 through 4 in the second class, using the same teams and "mouths" and Student Handout 8.B—*Risk-Wise, Part Two* (responses on pages 89-91). Add up the scores to determine the winning team.

6. Once all the questions from the two student handouts have been discussed, ask the class to describe and draw conclusions from what they have learned from the activity about the risks of alcohol, cannabis, and other drugs.

TEACHER'S NOTES

ACTIVITY 8.2:
Game Show Answer Key

1. **Alcohol is only a risk to you if you are older and have been using it for many years.** *[Disagree is correct].*

   Alcohol can pose health risks no matter what your age, no matter if you have been drinking for years or if this is your first experience with alcohol. While alcohol is associated with longer term, chronic health risks such as liver disease, young people who drink to get drunk are placing themselves at risk for accidents, violence, and alcohol poisoning.

2. **It is not dangerous to drink and drive if you stay on the back roads.** *[Disagree is correct].*

   Driving a car requires attention, judgment, and sound decision making, no matter what road you are on. Consuming alcohol can have negative effects on the skills required to drive well. Drinking any amount and driving can be extremely dangerous, particularly for young drivers.

3. **Smoking the occasional joint is not too harmful for a teenager.** *[Disagree is correct].*

   That may be so, but the harms associated with smoking even the occasional joint depend on what's in the joint (for example, is it mixed with another drug), the amount of THC present, and the circumstances surrounding use, such as location and combining cannabis with alcohol or other drugs. Depending on these factors, even one joint may contribute to a harmful outcome. It's also against the law, and police may apprehend even an occasional user.

4. **The health risks from cannabis have never been proven.** *[Disagree is correct].*

   This statement is an old myth. While it may have been true at one time, there is now a good body of research documenting the health risks of cannabis use. These include lung damage and respiratory illnesses, and heart complications in individuals with high blood pressure or heart disease. Research has found that many users experience panic attacks while using. Use by adolescents is linked to depression; it can also bring on schizophrenia among those who are predisposed to it and make

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symptoms worse. Cannabis affects short-term memory, problem solving, and attention span, which can be a problem when driving or in other situations requiring mental alertness.

5. **Prescribed medications are safer than street drugs.** *[Disagree is correct].*

   When taken as directed by a physician, prescribed medications are generally safe. Using too much of some of these drugs (e.g., tranquillizers, pain killers, and sleeping pills) or using them for too long can lead to drug dependency, which, like any drug dependency, can cause a variety of serious problems in a person's life. Use of pharmaceuticals by students to get high, to self-medicate depression or anxiety, or to try to get an edge on tests and studying is hazardous and can lead to overdose or dependency. Some prescribed medicines, such as those used in managing severe pain, are particularly dangerous if misused. For example, the pain medicine OxyContin has been linked to a number of deaths in Nova Scotia and other provinces.

6. **If I have a learner's permit to drive, I can drive if the other person is too impaired to be behind the wheel.** *[Disagree is correct].*

   Under Nova Scotia's Graduated Driver's License System, anyone in the Learner's stage is restricted from having more than one passenger in the vehicle and that passenger must be an experienced driver with a Class 5 License. That passenger is considered responsible for whatever happens while the learner is behind the wheel. Under the Criminal Code of Canada, a person commits an offence when operating or in care or control of a motor vehicle while impaired by alcohol or drugs. (See *www.gov.ns.ca/snsmr/rmv/safe/alcohol.asp*.)

7. **If the police catch me with a joint, I'll just get a warning because of my age.** *[Disagree is correct].*

   Plans by the Canadian government to reduce the penalties for cannabis possession are now on hold. Possession of any amount of cannabis is against the law under the Criminal Code of Canada. Under current laws, a young person who is found in possession of cannabis can receive a criminal conviction and even a jail sentence. A criminal conviction can limit career opportunities and make it difficult to travel to other countries. Even if possession of small amounts of cannabis is eventually decriminalized as the Canadian government has considered for several years, fines would be levied, regardless of whether a person is an adult or youth.

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8. **Cannabis is not addictive.** *[Disagree is correct].*

   Regular or heavy users can become "dependent" on cannabis, but the likelihood and severity of addiction isn't like alcohol, tobacco, or heroin. Dependence means that a person will think that they can't function without the drug, and even though the drug has a negative impact on their life, they will keep using it. When a long-term user does quit using cannabis, he or she may experience withdrawal symptoms such as anxiety, irritability, sleeping problems, sweating, and loss of appetite.

9. **Cannabis is almost legal in Canada.** *[Disagree is correct].*

   Having or using cannabis is against the law everywhere in Canada. Plans by the Canadian government to reduce the punishment for possession of small amounts of cannabis from a criminal offence to a ticketing offence have been placed on hold. Under the proposed changes, it would still have been against the law to possess or sell cannabis, but the penalty for possession of small amounts would have been a fine instead of criminal charges. According to the current law, possession of small amounts of cannabis is subject to a fine of $1,000 or imprisonment for up to six months, or both, with larger penalties for larger amounts and for repeat offences.

10. **The level of risk and the chance of harm is the same no matter what substance is being used and who is using it.** *[Disagree is correct].*

    The level of risk and potential for harm is NOT the same for all substances or for all people. The same substance can even have a different effect on the same person on separate occasions. The level of risk depends on **drug** characteristics (e.g., how much is consumed, alone or in combination with other drugs), **individual** characteristics (e.g., gender, body size, empty stomach), and the **setting** (e.g., at a family get-together, at the beach at night with friends).

11. **Men can "handle" alcohol better than women can.** *[Disagree is correct].*

    Various factors will affect how a person "handles" alcohol, including experience with alcohol, their general state of health, and whether they are using another substance. Gender is also a factor. A male body dilutes alcohol more than a female's body, even if the two individuals weigh the same. Because of a lower percentage of water in the female body, a

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woman will feel the effects of alcohol more than a man who drinks the same amount. The risk is that females who match their male companions drink for drink will reach a higher level of impairment faster.

12. Combining cannabis with other drugs such as alcohol or prescription drugs can increase or alter the effects of the drugs. *[Agree is correct].*

Combining cannabis with any other drug, including alcohol, is very risky because it is impossible to predict the effects. Depending on the drugs being used and the characteristics of the individual, the effect of combining drugs can be like adding them (1+1=2); on the other hand, they can increase effects dramatically (1+1=3), or cancel out many of the effects (1+1=0). Driving after combining any substances (including cannabis and alcohol) is very dangerous.

13. Medications purchased over the counter at pharmacies are safe. *[Disagree is correct].*

This is generally true; however, some over-the-counter medicines (OTCs), such as certain cough medicines, sleep aids, antihistamines, and products like Gravol, can cause problems if not taken as directed or if abused for their psychoactive effects. It is also important to note that OTC medications can produce dangerous health effects when taken with alcohol.

14. It is safe to get into a car if the driver has been smoking cannabis. *[Disagree is correct].*

Driving under the influence of any drug that negatively affects one's abilities is extremely irresponsible, and it's also against the law. Mixing cannabis, alcohol, and driving is particularly dangerous. Under the current laws, driving while impaired by any drug—including cannabis—is against the law even though there's no "legal limit" like there is for alcohol. Police can use their own judgment and information from witnesses to determine whether or not a person might be driving while impaired by a drug. Since the effects of impairing drugs on one's ability to drive are unknown, no amount is a safe amount. The Canadian government has just proposed new legislation that will allow police officers to demand tests of a person's physical capabilities when they suspect that they are driving under the influence of cannabis (or any other drug) and to demand bodily fluids for testing.

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15. You can't be charged with impaired driving if your blood alcohol content is below the legal limit. *[Disagree is correct].*

If a police officer determines that your ability to operate the vehicle is impaired, you can be charged with the offence of impaired driving even if your blood alcohol content (BAC) is below the legal limit. The national legal limit is 80 milligrams of alcohol per 100 millilitres of blood, and it is an offence under the Criminal Code of Canada to drive a vehicle if your BAC exceeds this limit.

LEARNING THEME TWO: HOW OTHERS INFLUENCE ME

Introduction

This session concentrates on an examination of parents and family as a source of influence. The session begins with a discussion of family rules or norms. It moves on to focus on the impact that one member's substance use has on the family. This includes ways a teenager's alcohol and other drug-related decisions and actions affect their family, and conversely, how the behaviour of other family members affects the student and the family. Students will be asked to brainstorm ideas about how an individual family member's substance use affects others in the family. They will also be presented with case study scenarios and asked to analyse the situation through small-group work.

Note

This session has the potential to bring family substance-use issues to the surface for some students. Plan for this possibility by reviewing the discussion *Advice on early identification and referral processes* on pages 20-21 of this supplement and discussing it with the school guidance counsellor.

Grade 8 Learning Theme Two—How Others Influence Me

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame	Preparation	Materials
Identify and practise strategies for avoiding potentially dangerous situations (B4.2) **Compare** their families' values and attitudes with their own (C1.2)	**To encourage** students to identify the rules and behaviour norms about alcohol and other drugs in their own homes and understand why the rules exist	**Activity 8.3** *House Rules*—Through class discussion, students will identify what they believe are the rules about alcohol and other drugs in their families.	Up to 30 minutes		Blackboard or flip chart
Demonstrate an understanding of the effect in the family of harmful involvement with alcohol, cannabis, other drugs, and gambling (B3.8)	**To enable** students to identify possible effects on the family when a member is experiencing problems with alcohol or other drugs **To help** students to identify some of the warning signs that a family member or peer may be experiencing a substance use problem	**Activity.8.4** *Effects on Family Members*—Students participate in a brainstorming activity about the things that can happen at home when a family member has a problem with alcohol or other drugs.	Up to 30 minutes	Post flip chart paper around the room labelled "Mother," "Father," "Older sibling," "Extended family."	Flip chart paper Markers
Demonstrate an understanding of the effect in the family of harmful involvement with alcohol, cannabis, other drugs, and gambling (B3.8)	**To enable** students to identify possible effects on the family when a member is experiencing problems with alcohol or other drugs **To help** students to identify some of the warning signs that a family member or peer may be experiencing a substance use problem	**Activity 8.5** *Family Stories—What Is Going On?*—Using five family scenarios, students discuss the specific problems in each scenario and talk about the ways the family member could be helped.	Up to 45 minutes	Make copies of Student Handouts 8.C—*Family Stories* and 8.D—*Family Story Questions.*	

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Activity 8.3
House Rules[2]

Begin the session by stating that some families have established clear rules around alcohol and other drugs. Although they may vary depending on age, these rules can apply to adults, youth, and children. These rules may even extend to guests.

1. Ask the students to spend a few minutes writing down the rules on alcohol and other drugs that exist in their own families. Ask them to make sure they include things that they are allowed to do as well as the things they are not allowed to (e.g., have a drink with the adults at special family celebrations; attend a party as long as they call home for a drive if there is no "safe" driver available at the party).

2. Some students may come from households where, for a variety of reasons, there are no rules or they do not know them. Try to avoid singling students out by requiring everyone to provide verbal answers. Add the phrase "or write down what you think the rules should be" to the previous directions to take these students into account.

3. Ask the students to share their rules they have written down and record them on the board or on flip chart paper. You can anticipate a wide range of items such as
   - No drinking anything at any time, no exceptions.
   - Can have the occasional drink on special family occasions.
   - No illicit drugs ever (cannabis may be singled out).
   - Call us to come get you if you are in a situation where no one is sober enough to drive home, no matter what you have been doing.
   - If you want to try a drug, bring it home and try it here.

   [*Watch for examples of rules that restrict behaviour, and rules that seem to be trying to keep teens safe, no matter how they may sound.*]

4. Ask the students to share the consequences of breaking the rules in their family. Ask if they think the consequences fit the circumstance or should they be different?

[2] Numerous parent and teen drug education resources and programs include the identification of family rules as an activity. The activity included here was inspired by the South Australia Department of Education, Training and Employment's resources from 2000, *Drug Education R–12 Teacher Support Package The Middle Years*.

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5. When you have a complete list, lead a class discussion around the rules by having them complete the following statements:
    - I think my family's rules about alcohol and other drugs are...
    - Family rules about alcohol and other drugs are useful because...
    - Families make rules about alcohol because...

The final statement should include a response that the family rules are made to keep everyone safe. If no one points this out, mention it to the class: "The use of alcohol and other drugs always carries some risk with it. Many families make rules to try to keep their children safe and out of harm's way."

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ACTIVITY 8.4:
Effects on Family Members

1. Explain to the class that the focus of the unit up to this point has been on junior high school–age teens facing decisions about alcohol and other drugs. However, it is not just young adolescents whose lives can be affected by alcohol and other drugs. In some cases, older family members, including siblings, parents, and extended family members, experience substance-use problems. The focus of this activity is how the alcohol and other drug-related behaviour of each family member can affect others in the family.

2. Spend a few minutes brainstorming ideas about what kinds of things might happen in the home if a parent or older sibling drinks too much or has become harmfully involved or dependent on a prescription drug or an illegal drug like cannabis or cocaine. Ask the class what they think is the difference between "harmfully involved" and "dependent."

   Harmful involvement can be defined as heavy use and/or more frequent use, with the person looking forward to chances to use the substance. Problems may begin to emerge, but the person continues to use despite these problems. Dependence involves heavy, frequent use. The substance is very important to the person, and he or she will make personal sacrifices to get and use the substance, spending a lot of money and time using the drug. He or she craves the drug and even feels uncomfortable without it. In fact, he or she needs to have the drug to feel "normal." The person continues to use the drug even though it is causing various problems at school, home, with friends, or with money. Both types of substance use are a concern within a family as they can have a great impact on day-to-day life.

   Ask the students if they think that the consequences of harmful involvement or dependency would be different if the person having the problem was the mother, the father, or an older sibling.

3. Pointing out the flip chart paper around the room and noting that they each identify different family members, ask the students to write their responses to the following questions on the flip chart paper.
   - What could be some of the effects on the family if the dad was harmfully involved or dependent on a substance?
   - What could be some of the effects if the mom was harmfully involved or dependent?

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- What could be some of the effects on the family if an older teenager (high school student or recent graduate) was harmfully involved or dependent?
- What could be some of the effects on the family if an extended family member like a grandparent, aunt, or uncle was harmfully involved or dependent?
- What could be some of the effects on the wider community if an individual within the community was harmfully involved or dependent?

4. Once the students have finished, discuss the items that they have identified. If any of the following effects are not on the list, draw them to the students' attention:
    - Fewer chores being done around the house and fewer meals made
    - Money problems showing up or increasing
    - Acting withdrawn, mood swings, or other changes in personality
    - Unexplained and increasing absences from the home
    - Missing time at work or losing a job
    - Forgetfulness
    - Sleeping a lot or not being able to sleep at night
    - Appearing distracted or inattentive
    - Changes in physical appearance, taking less care of self
    - Going to more doctor appointments or getting prescriptions filled more frequently
    - Not showing up at child's special events
    - More fighting between family members, more "scenes"
    - Family members feeling less connected to one another
    - A social worker from Children's Aid or Family Services coming to their home
5. Ask the students how they react to the list? Did they think it would be as long as it is? Is there anything that they did not realize? Tell the students that there are a number of supports in the community that can help out when a family member is harmfully involved or dependent on a substance and that this will be discussed in the next two activities.

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ACTIVITY 8.5:
Family Stories—What is Going On?

1. Explain to the class that recognizing when a family member is having a problem with alcohol or another drug can be difficult. It happens often enough, though, that it is helpful to look at it in greater detail. As a class, they will be asked to do some detective work in looking at the situations of a few hypothetical families and trying to figure out what may be going on and what might be done to help.
2. Divide the class into five groups and assign each group one of the items from Student Handout 8.C—*Family Stories*. Ask each group to review their story and respond to the five questions on Student Handout 8.D—*Family Story Questions*.
3. After reviewing their stories and questions for about 10–15 minutes, ask each group to share their story and their responses with the larger class.
4. Ask the students to share what they have learned from the family stories.

Note

It is possible that some of the students in the class will have similar experiences to those described in the Family Stories. It is important to be aware that this activity could make some students uncomfortable or even disclose that this is happening to them. It may be beneficial to talk to the school guidance counsellor in advance of the class and decide how to handle the discomfort or disclosure of students, should it arise.

LEARNING THEME THREE: HOW I AM INFLUENCED BY THE WORLD AROUND ME

Introduction

In this session, students explore positive ideas about drinking alcohol that are promoted and reinforced in ads for alcohol. A key component of this exploration includes understanding the consequences of drinking—the negative side of alcohol use that is seldom alluded to in alcohol ads. Students will discuss some common myths about drinking that seem to be upheld in alcohol advertising. In groups, students create their own parody ads that try to portray the reality of the consequences of drinking.

Grade 8 Learning Theme Three—How I Am Influenced by the World around Me

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame	Preparation	Materials
Evaluate the role of the media in promoting alcohol and other drug use (B3.4) **Evaluate** the role of media on self-image and lifestyle choices (C3.1)	**To encourage** students to be aware of and understand the negative consequences of alcohol use **To help** students apply critical thinking to the false messages about drinking that are implied in advertisements	**Activity 8.6** *Alcohol Myths and Parody Ads*—Working in small groups, students develop their own parody ads that expose some of the myths promoted in alcohol advertising.	Up to 90 minutes; two 45-minute classes to prepare and present their ads	Prepare slides 8.B through 8.E—*Alcohol Advertising Myths*.	Overhead projector.

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ACTIVITY 8.6:
Alcohol Myths and Parody Ads[3]

1. Tell the class that the focus of the next two classes will be on looking at some of the myths about drinking alcohol that are found in advertising. Indicate that they will be given a chance to show the truth behind the ads by making their own ads.

2. Using the Alcohol Advertising Myth slides (8.B through 8.E), discuss each of the following myths with the students.

Myth #1—Drinking is a risk-free activity.

Here are two ads that support the idea that drinking is a risk-free activity. What messages do they deliver?

- Violence and drinking aren't connected—in fact, disagreements can more easily be resolved over a friendly drink ("There is no disagreement that arm wrestling can't resolve").
- Drinking makes you sexy, and an intimate encounter with someone you've just met in a bar is a normal, even desirable, occurrence ("Names optional").

Myth #2—Problem drinking is okay.

Here are some ads that encourage people to believe that problem drinking behaviours are normal. Can you identify these messages?

- It is okay to drink a lot of alcohol ("A quality drink, after those years of quantity drinking")
- It is okay to over-drink to the point where you can't function ("Smirnoff half day off").

Myth #3—Alcohol is a magic potion that will make your life better.

How about these ads that want you to believe that alcohol will transform you?

- You can be one person when you are not drinking and someone completely different (and more exciting) when you are drinking ("Auditor by day. Bacardi by Night.").
- Alcohol will make you more exciting and appealing to the opposite sex ("It makes you electric").

[3] © 2005 Media Awareness Network. This activity plan has been adapted with permission from the Media Awareness Network. For other lesson plans on this and other topics, visit the Media Awareness Network's Lesson Library at http://www.media-awareness.ca/english/teachers/index.cfm

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Myth #4—Sports and alcohol go together.

The alcohol industry spends millions of dollars pairing playing and watching sports with alcohol. How is this reinforced here?

- Alcohol is part of participating in any kind of sport or recreation ("It's Game Day").
- Alcohol is part of a healthy lifestyle ("Lose the carbs. Not the taste.").
- Drinking alcohol will make you more athletic ("Lose the carbs. Not the taste.").

3. After reviewing the myths, ask the class to break up into groups of no more than four students. Assign each group one of the following four myths. You may have to assign the same topic to more than one group.
    - Drinking is a risk-free activity.
    - Problem drinking behaviours are normal.
    - Alcohol is a magic potion that can make your life better.
    - Sports and alcohol go together.

    Tell the groups that their assignment is to tell the other side of the story about their myth through a parody ad. Explain to the class that the parody ads shatter myths about alcohol by delivering messages about the possible harmful and negative consequences of drinking too much.

4. Assign each group a parody ad topic.
    - "Drinking is a risk-free activity" groups will develop an ad that demonstrates the health risks that are associated with drinking.
    - "Problem drinking behaviours are normal" groups will develop an ad that demonstrates problem drinking behaviours such as getting into fights when intoxicated, drinking to the point of alcohol poisoning, becoming dependent on alcohol and needing to drink often, and so on.
    - "Alcohol is a magic potion that can make your life better" groups will develop an ad that demonstrates the consequences of drinking—especially as it relates to young people.
    - "Sports and alcohol go together" groups will develop an ad that demonstrates sports and the alcohol industry.

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5. Each group will need adequate time to complete the assignment. Students may be granted a library or computer lab period to conduct research. They may want to consult the Adbuster web site for ideas: *http://www.adbusters.org/spoofads/alcohol/*

   Once their research is complete, each group will design a poster or parody ad that shows some of the negative consequences of alcohol misuse.

6. Finally, each group will present its findings and its parody ad to the class.

FINAL SESSION: WRAP UP AND ASSESSMENT—UNDERSTANDING OUR PERSONAL INFLUENCES

Introduction

This final session of Healthy Living 8 asks the students to reflect on what they have learned about influencing factors from the previous learning themes and activities. It asks them to demonstrate what they have learned by describing what types of influences they personally experience and ways they can have an impact on those influences. By assigning the session's single activity, teachers have an opportunity to assess student progress and learning from the unit by their responses to identifying their own influences or through the development of a rubric tailored by individual teachers for the activity.[4]

Grade 8 Wrap-Up Session

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame	Preparation	Materials
Identify personal, social, and cultural influences related to alcohol, cannabis, other drug use, and gambling (B3.7 and reinforce Healthy Living 7 B3.7)	**To assess** student learning and application of that learning about the factors that influence the use of alcohol, cannabis, and other drugs	**Activity 8.7** *What Can I Do about the Things That Can Influence Me?*—Through class discussion and individual thinking and writing, students will assess how they can have an impact on the factors that influence them.	Up to 30 minutes	Prepare Slide 8.A—*Circles of Influence* Make a copy of Student Handout 8.E—*What Can I do About the Things That Can Influence Me?* for each student.	Overhead projector

[4] See Appendix D for examples of assessment rubrics.

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ACTIVITY 8.7:
What Can I Do About the Things That Can Influence Me?

1. Remind the students that the focus of the previous classes has been developing an understanding of the way personal, social, and cultural or environmental factors affect the decisions they make about on alcohol, cannabis, and other drugs. Using the *Circles of Influence* slide (8.A), remind the students that these factors can be described as
    - how I influence myself
    - how others influence me
    - how I am influenced by the world around me

2. Based on some of the activities taken in the unit, ask the students to provide some examples of the different types of influence.

How I influence myself	How others influence me	How I am influenced by the world around me
The skills I have for making up my mind	Friends	Laws related to alcohol and other drugs
My knowledge/information	What others expect me to do	How easy it is to get alcohol or cannabis
My values and goals	My parents and grandparents	Television and movies
My feelings	My teachers and coaches	Advertising

3. Once the students have completed this list, remind[5] them of the following:
    - We have control over some of these influences and no control over others. We can have control over what we know by trying to find out more, but we cannot have control over what substances are available in our community.
    - Sometimes an influence is negative, and sometimes it is positive. A friend encouraging us to join a sports team on the weekends is a positive influence; while another friend offering us a beer in their parents' basement is a negative influence.

4. Explain to the students that they can do things about reducing negative influences and increasing positive influences, and can take more control over some of the influencing factors. Distribute Student Handout 8.E—*What Can I Do about the Things That Can Influence Me?*. Ask the

[5] Students were exposed to these two ideas in Healthy Living 7.

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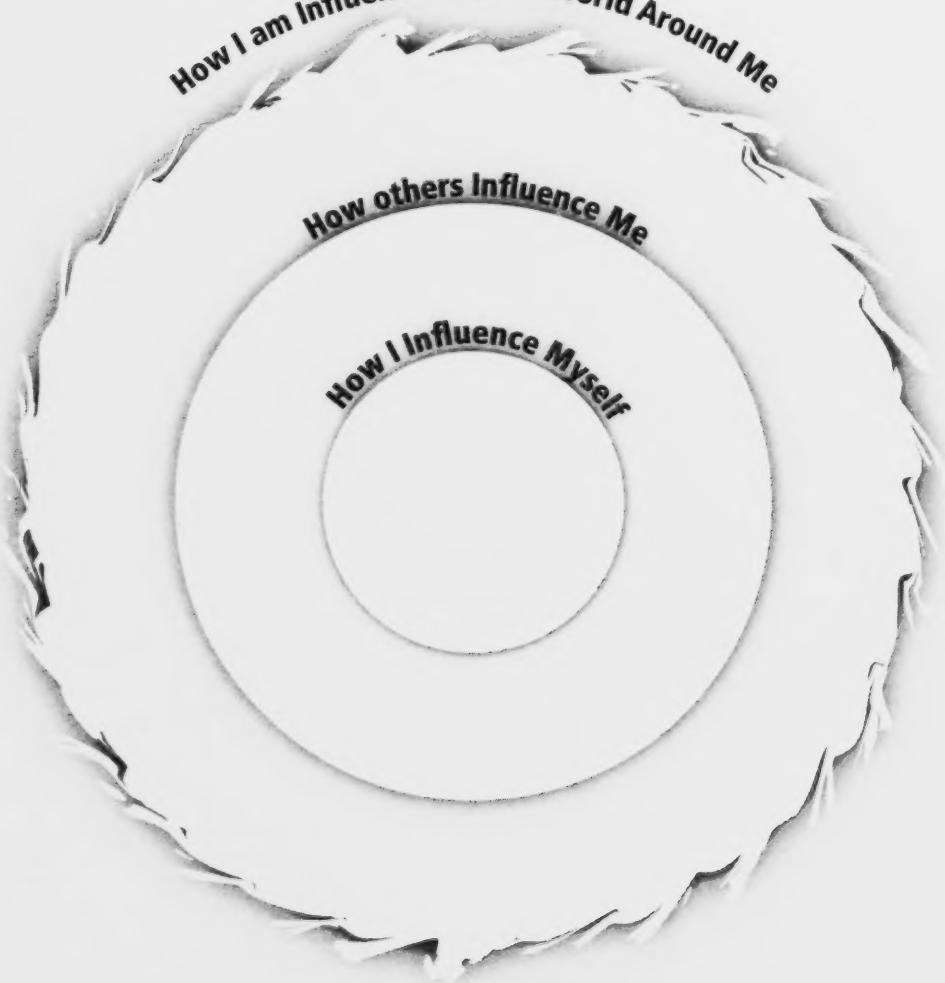
students to complete the page by listing some of the things that influence their decisions about alcohol and other drugs in one column and then writing down how they can increase a positive influence or counteract a negative influence.

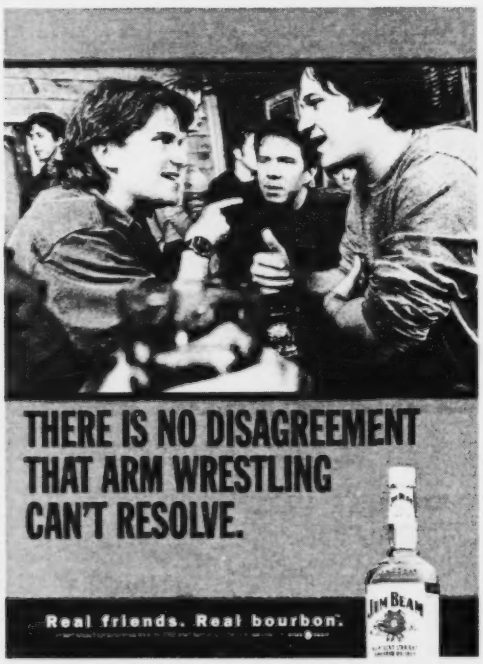
5. Ask the students to hand in their sheets for assessment when complete.

CIRCLES OF INFLUENCE

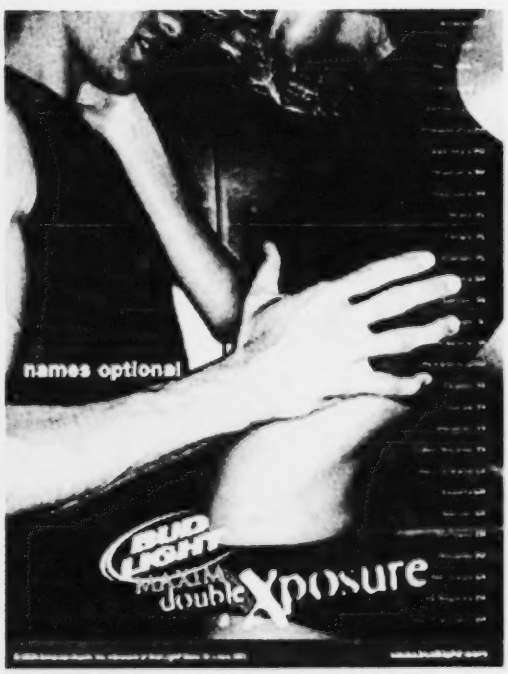


ALCOHOL ADVERTISING MYTHS:

DRINKING IS A RISK-FREE ACTIVITY.



"There is no disagreement that arm wrestling can't resolve."



"Names optional"

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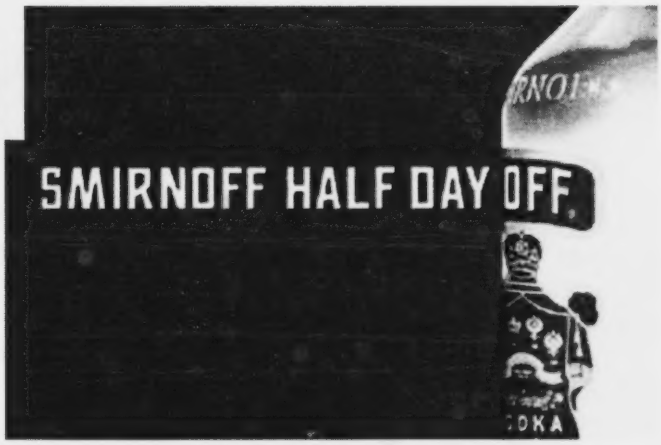
ALCOHOL ADVERTISING MYTHS:

PROBLEM DRINKING BEHAVIOURS ARE NORMAL.

"A quality drink, after all those years of quantity drinking."



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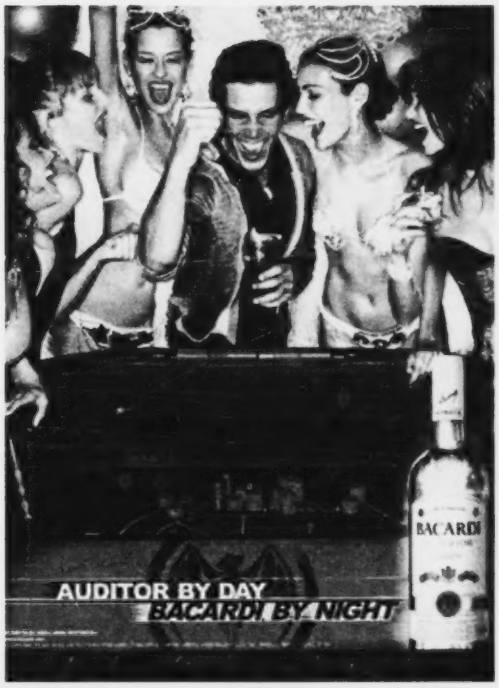
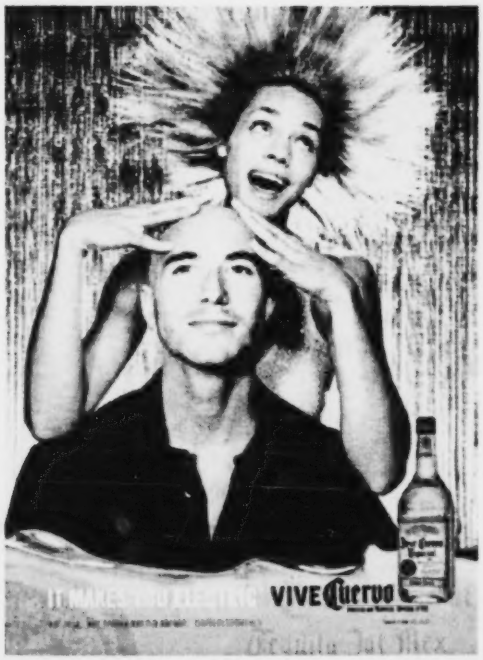
ALCOHOL ADVERTISING MYTHS:

ALCOHOL IS A MAGIC POTION THAT MAKES YOUR LIFE BETTER.



"Auditor by day. Bacardi by night."



"It Makes You Electric"

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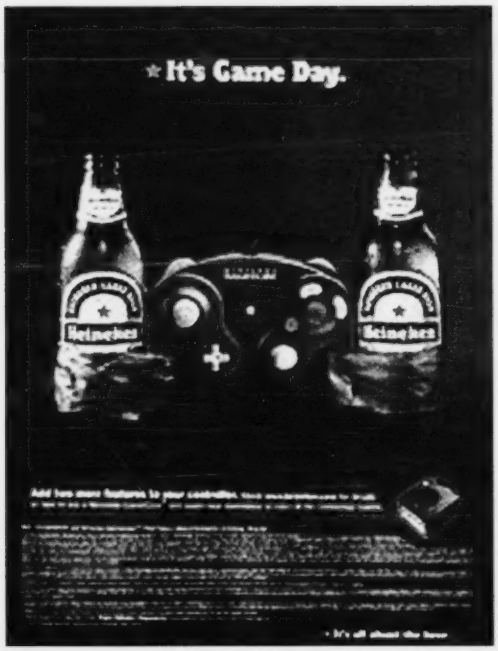
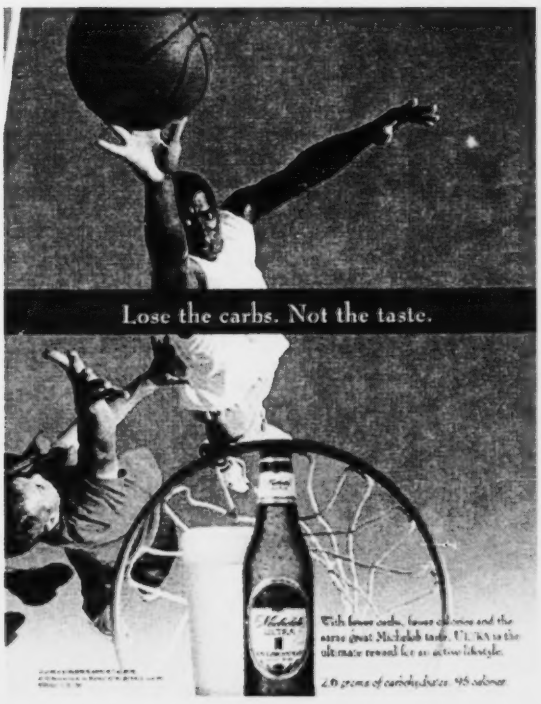
ALCOHOL ADVERTISING MYTHS:
SPORTS AND ALCOHOL GO TOGETHER.



"It's Game Day."



"Lose the Carbs. Not the Taste."

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RISK-WISE, PART ONE

Please read the statements below. As a team, decide whether you agree or disagree with each item. Make sure your "mouth" keeps track of the team responses.

1. Alcohol is only a risk to you if you are older and have been using it for many years.
2. It is not dangerous to drink and drive if you stay on the back roads.
3. Smoking the occasional joint is not too harmful for a teenager.
4. The health risks from cannabis have never been proven.
5. Prescribed medications are safer than street drugs.
6. If I have a learner's permit to drive, I can drive if the other person is too impaired to be behind the wheel.
7. If the police catch me with a joint, I'll just get a warning because of my age.
8. Cannabis is not addictive.

RISK-WISE, PART TWO

Please read the statements below. As a team, decide whether you agree or disagree with each item. Make sure your "mouth" keeps track of the team responses.

9. Cannabis is almost legal in Canada.

10. The level of risk and the chance of harm is the same no matter what substance is being used and who is using it.

11. Men can "handle" alcohol better than women can.

12. Combining cannabis with other drugs such as alcohol or prescription drugs can increase or alter the effects of the drugs.

13. Medications purchased over the counter at pharmacies are safe.

14. It is safe to get into a car if the driver has been smoking cannabis.

15. You can't be charged with impaired driving if your blood alcohol level is below the legal limit.

FAMILY STORIES

Family Story One

About six months ago, Kalan's dad was involved in a car crash that left him with a broken hip. He was prescribed a painkiller to help with the pain, and he has been taking it ever since. Although he went back to work about six weeks after the accident, he has started missing quite a bit of time the past few weeks, and this week he has not gone to work at all. No one has said anything, but Kalan wonders if his father may have lost his job. He seems to have a lot of doctor's appointments, one with a new family doctor that is in a different town. Kalan's dad seems to be in his own world, and his mom seems angry.

Family Story Two

Stephanie's mom had been taking a tranquillizer for well over a year to help her with feelings of anxiety and not being able to sleep. Recently, Stephanie heard a news story on television that said no one should take that type of drug for more than three to four weeks at a time as it can lead to dependency and withdrawal symptoms when trying to stop the drug. Stephanie has noticed a few changes with her mother lately. Twice she has forgotten to pick Stephanie up at a friend's house, which never happened before. Stephanie's mom always had supper on the table, but now it seems that Stephanie is always looking for something to make for supper for her little sister, as her mom is in her room with the door closed. She seems to be taking more of the pills than when she started, and she seems to be sadder than a few months back. Stephanie is worried about her mother.

Family Story Three

Liam's grandfather enjoys what he calls "a good drink." As long as he can remember, there have been little comments and jokes made about Poppa and his drinks. Lately, though, things seem to be getting out of hand. Sometimes when Poppa comes over for supper, he passes out in the living room and stays there throughout the meal. Those are actually the good times. Other times he sits at the table and seems to pick a fight with whoever is close to him. One night he threw a punch at Liam's dad for taking the car keys from him. He did not get his keys back, so he took off walking down the road towards his home three kilometres away, and Liam's uncle had to go get him.

FAMILY STORIES

continued...

Family Story Four

Dana has always looked up to her older brother. He has always been so full of life and into so many things; it just always seems that the house is full of life when he is home. He is very good to Dana, too, driving her to where she needs to go and making sure he picks her up again. But since he started grade 11, things seem different. He is still as popular as ever and spends a lot of time with friends. When he is home, however, he just seems to sit around a lot without much to say, or he just stays in his room. He is out late every Thursday and Friday night. He pays very little attention to Dana, and she has heard him yelling back and forth with their dad.

Family Story Five

Kyle's mother has always enjoyed a good drink and a good party with friends. Lately, however, it seems to Kyle that she is drinking more often and at different times than before, including in the morning. When Kyle gets home from school, he can smell alcohol on his mother, and sometimes it is even noticeable when he opens the front door. Sometimes, his mom comes out to greet him, talking about things he cannot understand, slurring her words and staggering. The worst times are finding her asleep on the couch smelling like alcohol. Kyle is embarrassed by her behaviour. He has stopped inviting his friends around and makes excuses so that he does not have to invite his mother to school events.

FAMILY STORY QUESTIONS

1. What do you suspect is the problem here?
2. How does the behaviour of the person with the substance-use problem affect the others in the family?
3. How might it affect his or her life outside the home?
4. What options does this family have to get help for the family member who is having substance-use problems?
5. What might get in the way of getting help?

WHAT CAN I DO ABOUT THE THINGS THAT INFLUENCE ME?

Ways I Influence Myself	How I Can Have A Greater Influence on Myself
Ways Others Influence Me	How I Can Make This Better
Ways I Am Influenced by the World around Me	How I Can Make This Better

SECTION 4

GRADE 9 LEARNING PLANS

INTRODUCTION TO THE GRADE 9 UNIT

The overall aim of this grade 9 unit is to build on and enhance students' understanding of the risks and harms linked to substance use developed in grades 7 and 8. Through the unit's activities, questions, and discussion, students are increasingly encouraged to "think for themselves". The unit also addresses the possibility that grade 9 students may find themselves in high-risk situations, particularly with respect to the use of alcohol and, for some students, cannabis. Students will be presented with concrete information on what to do in high-risk situations and how to respond to potential resulting harms. Through role-playing of a party in Learning Theme Two, students will have the opportunity to practise what they have learned. The topics covered here are more wide ranging than the focus on alcohol and cannabis noted in previous grades, expanding to include additional substances and a more sophisticated understanding of the social and legal implications of substances in Canadian society. Finally, students are encouraged to think about themselves in terms of how they can and do influence the people and world around them.

Grade 9 Unit Overview

The grade 9 component of *A Question of Influence* covers the three spheres of influence—personal, social, and cultural—in the form of three learning themes: how I influence myself, how others influence me, and how I am influenced by the world around me. Each learning theme includes a set of activities and associated teacher and student materials matched to the Nova Scotia Healthy Living curriculum outcomes for grade 9. The three learning themes are preceded by an introductory session that introduces the complete unit to the students and lays the foundation for the learning theme activities. A fifth and final wrap-up session completes the unit. It is designed to encourage students to reflect on what they have learned. It also provides the teacher with an opportunity to assess what students have learned from the unit as a whole.[1]

Each of the three learning themes, the introductory session, and wrap-up session begin with introductory notes to help orient the teacher to the content of that session or learning theme. A summary table is provided at the beginning of each session/learning theme to identify the Healthy Living curriculum outcome links, specific activity objectives, estimated time frame, and preparation required to work through each activity in class. Separate

[1] Suggestions for assessing other aspects of student performance throughout the unit can be found in Appendix D.

pages for teaching aids, referred to as "slides" throughout the unit, and student handout materials are found at the back of the unit.

The time estimates included here are based on the actual outcomes of the resource field test in the winter and spring of 2006. The complete unit is intended to be delivered in five to six hours of instructional time or a maximum of eight 45-minute classes. Not every teacher will have Healthy Living classes that run for 45 minutes, and the delivery of the activities will have to be adapted based on the length of class time available.

It is strongly recommended that none of the learning themes be dropped in an effort to shorten the time required to deliver the unit. Instead, suggestions for shortening individual activities include the following:

- Reduce the number of case studies or stories used for group activities.
- Reduce the number of groups and increase the group sizes. If increasing the size of small groups is not an option, assign the same story to more than one group, ask one group to report back on the story and, once they finish their report, ask the other groups with the same story if they have anything to add.
- Place strict time limits on brainstorming activities (five minutes, for example) rather than try to get every last idea or comment.
- Place case studies on slides and discuss them with the entire class.

A NOTE ON THE APPROACH TAKEN WITH THIS SUPPLEMENT

This supplement is based largely on the Social Influences Model—the drug education approach that has been shown by research over the past 25 years to be most effective for junior high school students. This model sees adolescent use of substances as the result of influences from peers, the media, and the general culture. These social influences take the form of messages that appear to condone substance use: for example, modelling of alcohol and other drug use by peers and media personalities, persuasive advertising appeals, and/or direct offers by peers to use substances. For the purposes of this supplement, personal influences stemming from normal adolescent development (e.g., need for independence, to experience risk) are also viewed as an important source of influence. This model aims to create greater awareness of these three spheres of influence—personal, social or interpersonal, and cultural or environmental—and to develop skills to analyse and minimize their impact.

A NOTE ON THE USE OF THE TERM "CANNABIS"

The term "cannabis" is used throughout the resource. During the field-test phase of resource development, some students commented that "cannabis" was a new word for them. Although junior high students are more familiar with the term "marijuana," the resource continues to use "cannabis" as it is a more inclusive term, including marijuana, hash, and hash oil. It will be helpful to the students if teachers explain to them that the term cannabis will be used to refer to the substance they may know as marijuana, pot, weed, dope, grass, or hash/hash oil.

FIRST CLASS— INTRODUCING GRADE 9 STUDENTS TO THE UNIT

Note

The instructions for this first class are written as if Healthy Living 9 students have been exposed to the concept of three types of influences that can affect their decisions around alcohol, cannabis, and other drugs. Consequently, it is brief (five-minute maximum) and serves only as an introduction to the rest of the unit. In the first year that A *Question of Influence* is used in the Nova Scotia school system (2007–2008), teachers will need to extend the length of time for this introductory class and insert Activity 7.1: *Circles of Influence* from the grade 7 unit of *A Question of Influence* (see pages 41-42). Add instruction points 1 through 3 of that activity to the beginning of this introduction to the grade 9 unit and drop instruction point 1 below.

Introduction

This first session of Healthy Living 9 is a very brief refresher to the concept of influencing factors connected to alcohol, cannabis, and other drug-related decision making. It carries through with the grade 7 Healthy Living curriculum outcome "Identify personal, social, and cultural influences related to alcohol, cannabis, and other drug use (B3.7)" that forms the foundation of this curriculum supplement. It also introduces grade 9 students to the entire unit and sets the stage for an ongoing discussion on alcohol, cannabis, and other drugs. It can be delivered in 5 to 10 minutes and can be combined with Activity 9.1 in the same class session.

Grade 9 Introductory Session

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame	Preparation	Materials
Identify personal, social, and cultural influences related to alcohol, cannabis, other drug use and gambling (reinforce Healthy Living 7 and 8 B3.7)	**To introduce** students to the entire unit and set the stage for an ongoing discussion on alcohol, cannabis, and other drugs	If introducing *Circles of Influence* for the first time, it is recommended that students complete Activity 7.1 from Healthy Living 7. **Activity 7.1** *Circles of Influence*—The teacher reviews the concept of multiple types of influences on student decision making and describes upcoming activities.	Up to 15 minutes Up to 45 minutes if introducing the *Circles of Influence* for the first time	Prepare Slide 9.E—*Circles of Influence*, if needed.	Overhead projector, Flip chart or blackboard

Instructions

1. Remind students that the alcohol, cannabis, and other drugs material they have covered through Healthy Living classes in grades 7 and/or 8 have all looked at three types of influencing factors that can have an impact on their decisions and behaviour. Ask the students to recall the three types of influences. Explain that the activities that will be covered in Healthy Living 9 also look at ways they can influence themselves, how others influence them, and how they are influenced by the world around them.

2. Explain to the students that the activities related to the three types of influence in this unit are more in-depth than in previous grades. Tell the students that, in the first few classes, they will be asked to really think about and research the potential risks and harms connected to alcohol and other drugs. They will be asked to translate their research into a prevention and education resource that can be shared with other students. After that, they will focus on ways of telling if their friends are having problems with alcohol or any other drug and what to do to either prevent the problem from going any further or take action in an emergency situation. Tell the students that they will also be "going to a party" a bit later in the unit. Finally, tell the students that they will be considering some of the broader, societal aspects of responding to alcohol and drug-use problems in Canada, and they will be asked what they think of some of the actions that have been taken.

3. Begin the unit by moving on to Activity 9.1 before the current class ends.

LEARNING THEME ONE: HOW I INFLUENCE MYSELF

Introduction

In order to make healthy, informed choices, it is important that students have an accurate understanding of risks and harms linked to alcohol and other drug use in adolescence. If prepared, students can be their own best resource on substance-use questions and have a strong influence on themselves. Students are often skeptical of the information they receive on this topic, so this session places the onus on them, through group work, to gather, organize, and design a presentation format for accurate substance-specific information for their peers. It is often said that the best way to learn is to have to teach it to others. Students will need to translate their knowledge into an education resource such as a pamphlet or poster and present it to the class. Through this session, students will develop a clearer understanding of the effects, risks, and harms linked to the use of various substances and an understanding of the challenges of presenting relevant, accurate information for their peers.

This session will require three classes to complete: one to introduce the task, form groups, and start the research process; a second to continue the research and develop the product; and a third to present the resource to the class. Given that research and product design are distinct and time-consuming tasks in their own right, students may require a fourth class to complete the research and design. If so, total time to deliver the grade 9 unit will be extended from 6 hours to 6 hours, 45 minutes. If that amount of time is available, no changes are required to the rest of the unit. If it is not, consider dropping Activity 9.4: *The Party*.

Grade 9 Learning Theme One—How I Influence Myself

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame	Preparation	Materials
Identify high-risk behaviours related to alcohol, cannabis, and other drug use (B3.1) **Identify** risks of alcohol, cannabis, tobacco, and other drug use during pregnancy (B3.3) **Identify** risks associated with use of alcohol, cannabis, and other drugs (B3.6) **Identify** social costs related to harmful involvement with alcohol, cannabis, other drugs, and gambling (B3.7) **Identify** ways that community-based services support the prevention and treatment of addictions (D2.2)	**To increase** students' knowledge of the short- and long-term physical, psychological effects of specific substances **To enhance** students' knowledge of high-risk situations involving alcohol and other drugs **To identify** ways of communicating alcohol and other drug-related information that is appropriate for adolescents **To foster** an understanding of the challenges of developing prevention resources that are relevant to teenagers	**Activity 9.1** *Prevention Education—Product Research and Development*—Working in small groups, students conduct research on a variety of assigned topics to prepare a prevention education resource appropriate for teens. The activity concludes with in-class presentations of the resources developed by the groups.	Up to 2 hours and 15 minutes; four and a half 30-minute classes or three 45-minute classes	Prepare Slide 9.A—*Prevention Education Resource Topics*. Make enough copies of Student Handouts 9.A through 9. F—Prevention *Education Resource Research Starting Points* for each member of each group to have a copy for their topic. Make a copy of Student Handout 9.G—*Prevention Education Resource Research & Development Guidelines* for each student or one per group. Make copies of the appropriate fact sheets in the supplement's *Appendix C*, one per topic, for each group. If the class will not have access to the Internet during class time, download resource materials to distribute to the groups. If applicable, make copies of the groups' products and set up equipment to play videos before class presentations.	

TEACHER'S NOTES

ACTIVITY 9.1:
Prevention Education—Product Research and Development

1. Explain to the class that one of the challenges in alcohol and other drugs education is finding meaningful ways to communicate factual information to students without boring them and having them stop listening. Yet, having the facts, particularly about the potential harms linked to substance use, is essential in making healthy choices. In this unit, the class will take on the responsibility of becoming a communication team responsible for youth prevention education. The way that this will be done is by developing a series of information resources on five topics.

2. Ask the class to break up into six groups of no more than five students. [If there are more than 30 students in the class, you can add a seventh group and give out one of the topics twice]. Using the *Prevention Education Resource Topics* slide (9A), either ask students to choose a topic for their group or assign the topics to the groups yourself.

3. Distribute copies of Student Handouts 9.A through 9.F—*Prevention Education Resource Research Starting Points* to the appropriate student groups. Explain to the class that the task of each group is to develop an education resource such as a pamphlet or a poster that presents the facts on the risks related to their topic.

4. Distribute copies of Student Handout 9.G—*Prevention Education Resource Research and Development Guidelines* to each student or group. Go over the points on the handout to make sure the students understand. Although a pamphlet or a poster is the typical education resource, encourage the groups to use another means (such as a brief video if someone can use their family's video camera or the school has access to one, a web page or site, a computer assessment quiz, a teen magazine quiz, or a board game about the facts) if they believe it will be more effective.

5. Students have the rest of the current class and, if time allows, the next class or two (three classes maximum) to prepare their prevention education resource. Groups may need to work on the assignment between classes, by having group members download and summarize resource

TEACHER'S NOTES

material from the Internet, for example. Monitor the groups' progress at the start of the second class to see if they are going to need additional time and adjust the other sessions accordingly.

6. If the school does not have the resources for the students to design and produce their pamphlets, the emphasis will be on the information presented in the pamphlet as well as the group's plan for what the final product would look like if it could be designed.

7. If the resources can be designed and the students want to do it, consider how the resources might be distributed to other students in other grades within the school. The final results of each group's work will be presented to the rest of the class through group presentations. If possible, distribute final copies to all class members, and have each group present highlights of their efforts in a presentation of three to five minutes.

8. After all the groups have presented their prevention education resources, ask the class to think about and discuss the following questions:

    - What are some of the main points that you have picked up from the other groups' presentations? (Note the responses on the board or a flip chart).
    - What are the risks associated with _____ [specify each of the substances discussed]?
    - What did you think about the facts and the presentations? Were they interesting to you? Were they more or less believable than if a health professional had been brought in to present these facts? Why is that?
    - What did you learn from researching and developing your own topics?
    - Would you recommend doing this same activity next year with new grade 9 students? Why or why not?

LEARNING THEME TWO: HOW OTHERS INFLUENCE ME

Introduction

This session emphasizes that students can be a good resource and positive influence for their peers. It sheds light on an alternative perspective of peer influence by demonstrating how students in the class can be a positive influence on their peers. It also demonstrates how a peer's negative influence and behaviour can lead to positive action on the part of the students.

Students will learn to identify signs of harmful involvement with substances, be able to decide when and how to intervene, and consider how to handle a range of possible responses from a friend (for example, wants help and is willing to access it; knows there is a problem but wants to deal with it without help; doesn't want parents to know; or is denying there is a problem).

The activities in this learning theme have been developed under the assumption that some grade 9 students may find themselves in situations where they have taken a risk or they are with friends who have taken risks that have led to negative consequences, and quick thinking and response are called for to keep everyone safe. Many of the alcohol- and other drug-related risks faced by youth happen in the company of peers and are frequently a result of the behaviour of peers. This learning theme explores risky situations from the perspective of handling both the risks and the role peers play. The entire class will participate in a party during which a number of alcohol- and drug-related issues and potentially negative consequences arise.

Grade 9 Learning Theme Two—How Others Influence Me

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame	Preparation	Materials
Identify signs and stages of dependence on a substance or behaviour (B3.8) **Identify** and practise strategies for helping a friend who is having problems with alcohol, other drugs, gambling, or other behaviours (D2.1) **Identify** ways that community-based services support the prevention and treatment of addictions (D2.2) **Identify** and practise strategies for dealing with the challenges of peer relationships (D3.2)	**To teach** students how to identify different degrees of alcohol and other drug use and signs of harmful involvement and potential dependence **To support** students in developing strategies for encouraging a peer to seek help for their substance use	**Activity 9.2** *Are You in Over Your Head?—Encouraging a Friend to Seek Help*—Through a class discussion, students consider the degrees of substance use from none at all to being dependent on a substance. Students learn about signs that their friends might be getting into trouble with alcohol or another drug and brainstorm ideas for helping that friend.	Up to 30 minutes	Prepare Slide 9.B—*Degrees of Alcohol and Other Drug-Use Risk* and Slide 9.C—*Ways of Responding to a Friend.*	
Identify high-risk behaviours related to alcohol, cannabis, and other drug use (B3.1) **Identify** and practise strategies for helping a friend who is having problems with alcohol, other drugs, gambling, or other behaviours (D2.1)	**To enhance** students' ability to recognize and respond to physical health dangers and emergency situations related to alcohol and other drug use among their peers	**Activity.9.3** *When a Friend Needs Emergency Treatment*—Working in small groups, students respond to an emergency scenario and apply basic principles of emergency response.	Up to 45 minutes	Prepare Slide 9.D—*Emergency Steps—DRABC.* Make copies of Student Handout 9.H *When a Friend Needs Emergency Treatment Scenarios* and separate them for distribution, one per group. Make either one copy of Student Handout 9.I—*Answer Key for Scenarios: Correct First-Aid Procedures* and read the response to the class or separate them for distribution to the groups that had each scenario.	Overhead projector Flip chart
Identify high-risk behaviours related to alcohol, cannabis, and other drug use (B3.1) **Identify** social costs related to harmful involvement with alcohol, cannabis, other drugs, and gambling (B3.7) **Identify** and practise strategies for dealing with the challenges of peer relationships (D3.2)	**To teach** students how to recognize harmful or potentially harmful situations involving alcohol and other drug use by young people **To support** students in identifying strategies or options for dealing with risky situations when they occur, including avoiding them in the first place **To enable** students to identify elements of peer relationships that have positive and negative influences on substance use choices **To provide** students with an opportunity to practise strategies for helping peers who are in trouble	**Activity 9.4** *The Party*—Using either small-group role-plays or a class play, students act out risky situations that could occur at a party. Through class discussion, students identify the risks encountered and options for reducing the risks.	Up to 60 minutes; two 30-minute classes	Copy Student Handout 9.J—*The Party Scenarios* and cut the individual situations out for distribution. Include one page of all the scenarios for the group that draws the role of the police. Make copies of Student Handout 9.K—*Case Studies* for each student and distribute as homework for Learning Theme Three at the very end of the current activity	

TEACHER'S NOTES

ACTIVITY 9.2:
Are You In Over Your Head?—Encouraging a Friend to Seek Help

1. Explain to the class that not all patterns of drug use carry the same potential for harm and that not everyone who tries alcohol or other drugs goes on to experience serious harm or dependence. Using the *Degrees of Alcohol and Other Drug Use Risk* slide (9.B), explain that there are people who may never try alcohol or other drugs while others may begin to use heavily and experience high risk and problems. In between, there are people who may experiment for a while and then return to no use at all. However, students may encounter a friend who seems to be getting in over their head with alcohol, cannabis, or another drug.

   Some signs of problem or high-risk use include heavy, quite frequent use and a substance becoming very important to a person. He or she will make personal sacrifices to get and use the substance and will spend a lot of money and time using the drug. He or she craves the drug and even feels uncomfortable without it. In fact, he or she needs to have the drug to feel "normal". The person continues to use the drug even though it is causing various problems at school, at home, with friends, or with money. The person's substance use can become a concern within a family when it interferes with day-to-day life.

2. Ask the class what signs they would look for that might indicate a friend is getting in over their head and having problems with a substance or experiencing high risk. Spend a few minutes brainstorming and record their responses. The list may include things like
   - skipping classes
   - changes in appearance
   - not showing up for things you've planned to do
   - hanging out with new people
   - asking to borrow more money
   - drinking or using another drug every weekend
   - drinking or using another drug on school nights
   - using greater quantities or strengths of alcohol and other drugs
   - passing out from drinking or using other drugs

TEACHER'S NOTES

- showing up at school after drinking or using another drug
- doing dangerous or stupid things under the influence of alcohol or other drugs
- having unplanned, unwanted, or unsafe sex while using a substance
- injecting drugs

3. Ask the class what they might be able to do to help a friend who seems to be in over their head? Spend a few minutes brainstorming the options. Record their responses on the board or flip chart.

4. Using the *Ways of Responding to a Friend* (Slide 9.C), explain to the students that there are three categories for the types of responses they may have to a friend who is having difficulty with a substance and present the following descriptions:
   - Some young people will worry that saying or doing anything is *interfering*, so they will not do or say anything.
   - Others will *enable* their friend, which means doing things that actually (without realizing it) help their friend stay in trouble or get deeper into trouble.
   - Some young people will be *helpful* by speaking to their friend, expressing their concern and offering their support.

5. Using the students' ideas in Item 3 above, ask which of the three categories of responses—interfering, enabling, or helping—apply to the ideas. Ask the class to suggest other examples of each of the types of behaviour.

6. Have the class work in groups of three to generate three guidelines for helping a friend with a substance-use problem. The guidelines can start with a "do" or a "don't."

7. Ask each group to present their guidelines to the whole class. Record the guidelines. From all the responses, ask the class to choose a list of three "do's" and three "don'ts" for helping a friend. For example, their list might contain items such as
   - **DO** be specific about the behaviours you have seen in your friend that concern you and ask if he or she is okay.
   - **DO** have the name of a counsellor ready in case your friend admits he or she needs help.

TEACHER'S NOTES

- **DON'T** agree to buy CDs or other belongings from your friend if you suspect the money is being used on substances.
- **DON'T** talk to your friend's parent before talking to your friend and finding out what is going on.

TEACHER'S NOTES

ACTIVITY 9.3:
When a Friend Needs Emergency Treatment

1. Divide the class into five groups. Give each group one of the *When a Friend Needs Emergency Treatment* scenarios from Student Handout 9.H. Ask each group to choose a reporter who will summarize the group's discussion and share it with the class.[2]

2. Give students the following five group discussion questions:
    1. What did your group decide to do?
    2. Why did you decide to do that?
    3. How likely is it that this scenario could occur in real life?
    4. What could you do if you did not have access to a phone?
    5. How could this situation have been prevented?

    Using these questions, the groups are to discuss and list what they would do if they found themselves in that situation.

3. Bring the class back together and ask each group's reporter to share their scenarios and responses with the class. Ask the class to discuss and comment on each group's decision.

4. Using the DRABC slide (9.D) and Student Handout 9.I—*Answer Key for Scenarios*, reinforce the correct first-aid procedure for each of the scenarios.

5. An alternative means of presenting this information is to contact the supervisor of the paramedic or emergency health services unit in your area and ask him or her to send a paramedic guest speaker to the class to provide information on dealing with alcohol- and other drug-related emergencies. Before the class, send the guest speaker a copy of this activity plan so that they can tailor their talk to the goals of the class.

Note

In all of the scenarios, students are advised to call for emergency medical assistance. In Nova Scotia, emergency calls (911) related to alcohol and other drugs will result in a response by both police and paramedics. Students may be reluctant to call for medical assistance because they are afraid they will get into trouble. Ask the students to consider the consequences of not calling 911 in the scenarios.

[2] The first aid scenarios were inspired by the Australian resource School Health and Alcohol Harm Reduction Project Teacher's Manual (found in Phase Two, Lesson 15-Helping a Friend [2000]).

TEACHER'S NOTES

ACTIVITY 9.4:
The Party

1. Inform the class that they are going to a party where alcohol and other drugs are being used and where risks are being taken. Their task will be to identify the risks and potential harms and decide how to avoid or reduce the risks.

2. Explain to the class that this activity can be played out in two ways: one way involves discussing a situation in small groups, while the other involves acting the situation out for their class. Briefly describe the two options below and determine which option the students prefer. Alternatively, decide in advance which of the two options would be most beneficial to the students and present that option.

   Option 1: Small group work—Discussion Class

   Divide the students into groups of three, each group taking on one scenario from Student Handout 9.J—*The Party Scenarios*. For each scenario, the groups will be asked to fill in the details of the scenario, consider what risks and potential harms are involved and what options are open to them, and make a group decision about what they would do. The groups then present their conclusion back to the larger class for open discussion.

   Option 2: Class play—Acting Class

   Divide the students into groups of three, each group taking on one scenario from Student Handout 9.J—*The Party Scenarios*. For each scenario, the groups will be asked to fill in the details of the scenario, consider what risks and potential harms are involved and what options are open to them, make a group decision about what they would do, assign parts, and practise acting the scenarios. After preparing, each group acts out their skit and facilitates discussion on the skit.

3. Once the option has been chosen, ask the class to divide up into groups of two or three. Have them draw a scenario from the slips of paper. Depending on the size of the class, you may need to make two copies of the scenarios and have two groups work separately on the same scenario. Explain that the scenario consists of a few words only and it is up to them to turn that starting point into a realistic incident. All of the scenarios are meant to be taking place at the same time and in the same place. Indicate

TEACHER'S NOTES

that one group will be drawing the role of the police and their arrival needs to be included in every other scenario.

4. Write the following directions on the board:

   Each scenario currently consists of just a phrase. Develop a more complete scenario around the phrase, taking into consideration all "actors" involved in the incident. In other words, create your own "short story".

   - Once the complete scenarios have been developed, decide who will play each of the roles involved.
   - Identify the risks and potential harms that are present in the scenario.
   - Discuss the options for either avoiding harm or dealing with it before it gets any worse.
   - Discuss the impact of the police arriving for your situation.
   - Make a decision about what to do, and do it.

5. Whether going with the acting or the small-group discussion option, give the class the remainder of the current session to discuss and/or practise their scenarios. Acting classes will be expected to present a skit of their scenarios, while discussion classes will be expected to verbally summarize their scenarios and the highlights of their discussion to the class.

6. If going with the acting option, have each of the groups act out their scenario in the second class of the learning theme. After each skit, ask the class the following questions:

   - What risk was taken here?
   - What did or could have gone wrong?
   - What options were available for reducing the risk?
   - What do you think about the decision that was made by the actors?

7. If the class is going with the small-group work option, their class presentation will consist of the following:

   - a brief description of their scenario
   - a recap of the risks involved and options they considered
   - the action they took

   After each presentation, ask the class to comment on additional ideas and suggestions they have about what risks were present and what action could be taken.

TEACHER'S NOTES

8. At the end of the class, distribute Student Handout 9.K—*Case Studies* as homework for the next class.

EXTENSION OPPORTUNITY

Students may want to practise the play and perform it for other students in the school.

LEARNING THEME THREE: HOW I AM INFLUENCED BY THE WORLD AROUND ME

Introduction

The ways that attitudes and laws related to alcohol have changed over time are complex. By focussing on three Canadian case studies that reflect the interplay between intervention options, attitudes, and the law, this learning theme provides students with the opportunity to reflect on their own attitudes. The case studies require students to consider their attitudes towards long-term drug users and those with addictions. Through class discussion of the case studies, students will be exposed to three key and current events in the Canadian substance-abuse field. Together, they reflect the most significant shift in drug laws and attitudes in our country over the past 10 years, that is, they each reflect a harm-reduction approach, in that they are concerned with minimizing harm to the user and community without necessarily requiring that the person stop using.

Grade 9 Learning Theme Three—How I Am Influenced by the World around Me

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame	Preparation	Materials
Demonstrate an awareness of ways that attitudes and laws related to alcohol and other drugs have changed over time (C3.2) **Identify** ways that community-based services support the prevention and treatment of addictions (D2.2) **Identify** risks of alcohol, cannabis, tobacco, and other drug use during pregnancy (B3.3)	**To encourage** students to identify and understand real situations where laws and community attitudes affect the development of new intervention approaches **To support** students in developing an appreciation for the complexities of addressing substance use issues and the possibility of a "middle ground" on issues **To enhance** students' ability to develop arguments to support their attitudes and reactions to a situation	**Activity 9.5** *Society's Attitudes and Laws about Drug Use*—Through class discussion and consideration of three case studies, students consider how laws and attitudes towards drug use affect the development of new laws and new services and treatment approaches.	Up to 45 minutes	Make copies of Student Handout 9.J—*Case Studies* for each student and distribute as homework before the class.	

TEACHER'S NOTES

ACTIVITY 9.5:
Society's Attitudes and Laws about Drug Use

1. After reading the case studies at home, have the students participate in a class discussion of each case study by responding to the following questions.

Case Study: Insite—North America's First Supervised Injection Site

- What are the benefits of having a supervised injection site (SIS) available for injection drug users?
- What are the potential drawbacks of an SIS?
- What are some of the attitudes that community residents display towards a local SIS.
- What do you think? Is an SIS a good idea or not?
- What would happen if a group of injection users organized and requested an SIS in our community?

Case Study: Forcing a woman to take substance-abuse treatment to protect her unborn child (the case of Ms. G)

- What argument does the article make as a reason for legally requiring the woman in question to enter treatment?
- What are the benefits of requiring a pregnant woman to enter treatment?
- What are the drawbacks of making it possible to force a pregnant woman into drug treatment, whether she wants to go or not?
- What do you see as the legal rights of a long-term drug user?
- How do you think people in your community would respond if the woman in question lived here and was well known?

TEACHER'S NOTES

Case Study: North American Opiate Medication Initiative Project—Prescription Heroin for Drug User Treatment

- What argument does the article make as a reason for offering heroin by prescription to heroin addicts?
- What are some of the attitudes that community residents display towards prescription heroin?
- What do you think? Is prescription heroin for drug users who are trying to get off drugs a good idea or not?
- What would happen if a treatment service in our community wanted to offer prescription heroin?

2. Wrap up the discussion by noting that each of these cases reflects a harm-reduction approach to dealing with substance-use problems. Harm reduction is an approach that is concerned with reducing the various harms (e.g., overall health of the person, public disorder) associated with substance use without necessarily requiring abstinence. Harm reduction is now considered one of the four pillars of drug policy in this country (along with prevention, treatment, and enforcement) and, although controversial in some respects, represents the most significant shift in public attitudes and government policies witnessed in this country in the past 10 years.

EXTENSION OPPORTUNITY

All of these case studies work well in the form of a class debate.

FINAL SESSION: WRAP UP AND ASSESSMENT—UNDERSTANDING OUR OWN POTENTIAL TO INFLUENCE

Introduction

The first session of grade 9 introduced or reminded students of the types of factors—individual, social, and environmental or cultural factors— that can influence their decisions regarding alcohol, cannabis, and other drugs. Many of the activities in the three learning themes of the grade 9 unit clearly gave students an opportunity to influence others. This final session asks the students to reflect on what they have learned about influencing factors from the previous learning themes and activities. It asks them to demonstrate what they have learned by reflecting on the way they can influence people.

By assigning the session's single activity, teachers have an opportunity to assess student progress and learning from the unit by students' responses to identifying their own influences or through the development of a rubric tailored by individual teachers for the activity.[3]

Grade 9 Wrap-Up Session

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame	Preparation	Materials
Identify personal, social, and cultural influences related to alcohol, cannabis, other drug use, and gambling (Reinforce Healthy Living 7 and 8 B3.7) **Develop** an ability to teach or mentor others (D6.1)	**To assess** student learning and application of that learning about the factors that influence the use of alcohol, cannabis, and other drugs	**Activity 9.6** *How Do I Influence Others and the World around Me?*—Through class discussion, students consider a fourth type of influence on alcohol and other drug decisions—the way they can individually influence others.	Up to 30 minutes	Prepare Slide 9.E—*Circles of Influence*	Overhead projector

[3] See Appendix D for examples of assessment rubrics.

TEACHER'S NOTES

ACTIVITY 9.6:
How Do I Influence Others and the World Around Me?

1. Using the *Circles of Influence* slide (9.E), remind the students that the entire unit on alcohol, cannabis, and other drugs in this Healthy Living course has been on the types of things that can influence teens' decisions about alcohol and other drugs.

2. Tell the students that many of the activities in the past few weeks actually included a fourth type of influence—the ways each of them as individuals can influence other people and maybe even things in their community. Remind them about the types of activities they completed under each of the three learning themes.

3. Based on the things they have done in class, ask the students to brainstorm a list of things they can do that potentially influence others. The list might include
    - informing others of drug-related risks
    - developing new ways of providing accurate information to teens
    - being aware of the risks and sharing their knowledge
    - getting involved when a friend seems to be having trouble
    - preventing an accident or injury
    - paying attention to the development of treatments in the news; writing letters to the editor
    - lobbying politicians
    - saving a life

4. Instead of brainstorming an inclusive list, keep the brainstorming to a minimum and ask each student to write down and submit their own personal list of how they can influence others. This can be used as an individual student assessment piece.

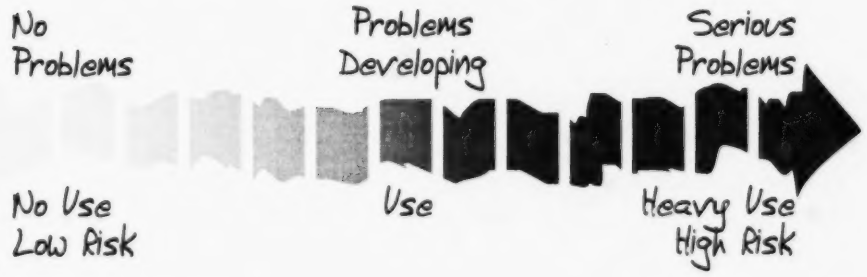
PREVENTION EDUCATION RESOURCE TOPICS

- Alcohol-Related High-Risk Behaviour
- Alcohol Poisoning
- The Risks of Cannabis Use
- The Risks of Using Hallucinogens with a Focus on Magic Mushrooms (Psilocybin)
- The Risks of Anabolic Steroids and Other Performance-Enhancing Drugs
- The Risks of Drinking and Other Drug Use during Pregnancy

SLIDE 9B

DEGREES OF ALCOHOL AND OTHER DRUG USE RISK

The Risk Continuum



Adapted from the Ontario Ministry of Health, *A Framework for the Response to Alcohol and Drug Problems in Ontario* (1988).

WAYS OF RESPONDING TO A FRIEND

Interfering

Enabling

Helping

EMERGENCY STEPS—DRABC

Check for any **D**ANGER

To you, to others, to the injured person

Check **R**ESPONSE

Is the person conscious or unconscious?

Check **A**IRWAY

Is the airway clear of objects?

Is the airway open?

Check for **B**REATHING

Is the chest rising and falling?

Can you hear the person's breath?

Can you feel the person's breath on your cheek?

Check **C**IRCULATION

Are there any obvious signs of life, including any movement, swallowing, or breathing?

Can you see any colour in the skin on the face?

Can you feel a pulse?

CIRCLES OF INFLUENCE

ALCOHOL-RELATED HIGH-RISK BEHAVIOUR

Prevention Education Resource Research Starting Points

- Fact sheet (get a copy from the teacher)
- The Alberta Alcohol and Drug Abuse Commission's teen-oriented website: www.2oot2.com/justthefacts/index.asp
- The Canadian Public Health Association's youth website to raise awareness about the harms associated with high-risk drinking. www.drinkingfacts.ca
- "Your Life, Your Choice". Interactive Canadian website on alcohol for 13- and 14-year-olds: www.2learn.ca/currlinks/Health/E/MainMenue/index.html
- The US-based National Institute on Drugs and Alcohol's "Understanding Alcohol: Investigations in Biology and Behavior": http://science.education.nih.gov/Customers.nsf/MSAlcohol?OpenForm
- "Nova Scotia Student Drug Use Survey 2007": www.gov.ns.ca/hpp/addictionPrevention.html

ALCOHOL POISONING

Prevention Education Resource Research Starting Points

- "Alcohol Poisoning: How to Help a Drunk Friend" (University of California, Davis): http://healthcenter.ucdavis.edu/topics/alcoholpoisoning.html

- "College Drinking: Changing the Culture" (US Task Force on College Drinking): http://www.collegedrinkingprevention.gov/OtherAlcoholInformation/factsAboutAlcoholPoisoning.aspx

- "Alcohol and Your Body" (Brown University): www.brown.edu/Student_Services/Health_Services/Health_Education/atod/alc_aayb.htm

- "Stop Alcohol Poisoning" Wallet Card (SAM Spady Foundation): http://www.samspadyfoundation.org/cards.html

THE RISKS OF CANNABIS USE

Prevention Education Resource Research Starting Points

- Fact sheet (get a copy from the teacher)
- Health Canada's "Be Drug Wise" website and booklet "Straight Talk About Marijuana": www.drugwise.gc.ca
- The Alberta Alcohol and Drug Abuse Commission's teen-oriented website: www.2oot2.com/justthefacts/index.asp
- "Nova Scotia Student Drug Use Survey 2007": www.gov.ns.ca/hpp/addictionPrevention.html

THE RISKS OF HALLUCINOGEN USE

Prevention Education Resource Research Starting Points

Hallucinogens with a Focus on Magic Mushrooms (Psilocybin)

- Fact sheet (get a copy from the teacher)
- The Alberta Alcohol and Drug Abuse Commission's resource "Magic Mushrooms, the ABCs": http://corp.aadac.com/other_drugs/the_basics_about_other_drugs/magic_mushrooms_abcs.asp
- Nova Scotia Student Drug Use Survey 2007: www.gov.ns.ca/hpp/addictionPrevention.html

THE RISKS OF USING ANABOLIC STEROIDS AND OTHER PERFORMANCE-ENHANCING DRUGS

Prevention Education Resource Research Starting Points

- Fact sheet (get a copy from the teacher)
- The Canadian Health Network's pamphlet "Everyone else is using them... Why not me?": Go to www.canadian-health-network.ca and search for "steroids"
- The Alberta Alcohol And Drug Abuse Commission's resource "Steroids, the ABCs": http://corp.aadac.com/other_drugs/the_basics_about_other_drugs/steroids_abcs.asp
- Nova Scotia Student Drug Use Survey 2007: www.gov.ns.ca/hpp/addictionPrevention.html

THE RISKS OF DRINKING AND OTHER DRUG USE DURING PREGNANCY

Prevention Education Resource Research Starting Points

- Lesson Plans on Fetal Alcohol Spectrum Disorder for grades 8 and 9 (Porcupine Health Unit, Ontario): http://www.porcupinehu.on.ca/schools/school_health.html#FASD

- Health Canada website on fetal alcohol spectrum disorder: www.fas-saf.com

- Canadian Health Network article "Not Worth the Risk": Go to www.canadian-health-network.ca and search for "fetal alcohol syndrome"

- Nova Scotia Student Drug Use Survey 2007: www.gov.ns.ca/hpp/addictionPrevention.html

- The National Database of FASD and - Use during Pregnancy Resources (Canadian Centre on Substance Abuse): www.ccsa.ca/fas/

PREVENTION EDUCATION RESOURCE RESEARCH & DEVELOPMENT GUIDELINES

Divide up the workload

- Assign group members their roles or tasks.

Gather the facts

- Identify the substance and how it affects teenage users.
- Identify two or three "high-risk" behaviours that can occur when using the substance.
- Include a few statistics from the *Nova Scotia Student Drug Use Survey 2007*.

Set a priority

- Decide, from all that you've learned, what single message is the most important to share – and make sure you emphasize it.

Decide on a format

- Decide whether to produce a pamphlet, poster, PowerPoint presentation, or video.
- Decide whether to focus on presenting facts or busting myths.

Be credible

- Speak "to teens from teens".
- Include a short list of references in your resource.

Be creative

- Take a risk and do what you think needs to be done to have the message hit home.
- If your creative idea cannot be completed in the time available, write a description of what you think needs to be done to make the resource get noticed by teens.

WHEN A FRIEND NEEDS EMERGENCY TREATMENT SCENARIOS

Scenario 1

Fifteen-year-old Jasmine and her friends decide to skip the last day of school and go back to Jasmine's house. Jasmine's mother is at work. They decide to sample some of the rum from the liquor cabinet. One of Jasmine's friends drinks quite a bit more than the others and begins to vomit violently. The episodes of vomiting continue.

Scenario 2

Fifteen-year-old Allison is having a party at her house. Allison does not want things to get out of control while her parents are out, so she is not drinking or smoking any of the cannabis that her friends offer. She is in the back yard, where some of the kids have been smoking cannabis quite heavily. Two of the kids begin to push each other. One falls and lands on a broken beer bottle. When he gets up, he has a large piece of glass stuck in his hand.

Scenario 3

Fourteen-year-old Kiesha arrives home from playing basketball to find her older sister asleep on the living room floor. When Kiesha goes near, she sees an open, half-full bottle of vodka on the floor next to her sister and notices that she smells very strongly of alcohol. Kiesha's mom is out for an evening meeting and will not be back until much later.

Scenario 4

Fourteen-year-old Rob is at a party at a friend's house, and there are no adults at home. Some of the kids are drinking alcohol. One of Rob's friends has been drinking heavily. He stumbles outside and falls down on the pavement, hitting his head hard. He is conscious but bleeding quite heavily from the back of his head.

Scenario 5

Fourteen year-old Jamal is with a small group of friends at his parents' cottage. It is nine o'clock in the evening, and some of the kids have been drinking beer. One of the kids falls off the deck, hits her head and loses consciousness for a short time. She says she is okay except for a headache.

The first aid scenarios were inspired by the Australian resource *School Health and Alcohol Harm Reduction Project Teacher's Manual* (found in Phase Two, Lesson 15-Helping a Friend (2000)).

ANSWER KEY FOR SCENARIOS: CORRECT FIRST-AID PROCEDURES

Scenario One: Jasmine

First Aid:

- DRABC
- Contact parents; reassure and calm the person.
- Seek medical attention if
  - in doubt
  - the parents cannot be reached
  - there is a change in the appearance of the vomit, including the presence of blood
  - the person becomes drowsy
  - the person loses consciousness—the person requires urgent medical care (call 911)

Scenario Two: Allison

First Aid:

- DRABC
- Do not remove the object.
- Place clean padding around the object and secure with a bandage (not over the object).
- Contact parents.
- Calm and reassure the person.
- Seek medical attention (911) if
  - the bleeding cannot be controlled
  - the parents cannot be reached
  - in doubt

The first aid scenarios were inspired by the Australian resource *School Health and Alcohol Harm Reduction Project Teacher's Manual* (found in Phase Two, Lesson 15-Helping a Friend (2000)).

ANSWER KEY FOR SCENARIOS: CORRECT FIRST-AID PROCEDURES *continued...*

Scenario Three: Kiesha

First Aid:

- DRABC
- Seek emergency medical assistance by calling 911.
- Contact parents.
- If breathing, place person in the recovery position and observe airway, breathing, and circulation (you are looking for signs of choking on vomit). If you are not sure how to do this, inform the paramedics on the phone and they will advise you.
- If not breathing, begin artificial respiration. If you are not sure how to do this, inform the paramedics on the phone and they will advise you.

Scenario 4: Rob

First Aid:

- DRABC
- Stop the bleeding.
- Pad the wound and bandage it with clean material.
- Phone 911. Urgent medical care is needed because bleeding from the head could indicate one of the following injuries:
  - fractured skull
  - significant blood loss
  - concussion

Scenario 5: Jamal

First Aid:

- DRABC
- Contact parent or take person home.
- Someone must stay with the person until parents arrive; a headache could be a sign of other head injuries.
- Seek medical aid if
  - parents cannot be contacted
  - headache gets worse
  - patient becomes drowsy
  - patient loses consciousness (call 911 immediately)
  - in doubt

THE PARTY SCENARIOS

A friend who is mixing alcohol and cannabis (minimum of two students)	Being offered "pills" along with alcohol (minimum of two students)
Sitting around the campfire and getting drunk (three or more students)	Someone passing out on the sidelines (minimum of two students)
Someone wanting to drive others home after drinking (three or more students)	A fight breaking out (three or more students)
Physical injury (minimum of two students)	Arrival of the police (minimum of two students)
Unplanned or unwanted sex when you have had too much to drink[4] (two students)	

[4] This may be a difficult and controversial scenario to handle, yet the survey results found in the Nova Scotia Student Drug Use 2002 and 2007 Technical Reports indicate that it is a realistic scenario. As a teacher familiar with the students in this class, you may choose to remove this scenario from the role-play options and raise it as a discussion topic instead.

CASE STUDIES: CASE 1

Insite—North America's first legal supervised injection service

In September 2003, Vancouver became home to North America's first legal supervised injection site (SIS). The site is located in Vancouver's Downtown East Side, one of Canada's poorest neighbourhoods, and home to close to 5,000 injection drug users (IDU). The site operates from 10:00 a.m. to 4:00 a.m., seven days a week.

What is it?

The SIS, known as Insite, is a clean, safe environment where users can inject their own drugs under the supervision of clinical staff. Nurses and counsellors provide on-site access and referral to addictions treatment services, primary health care, and mental health providers, as well as first aid and wound care.

To operate legally, Health Canada granted organizers an exemption to Canada's drug laws (the Controlled Drugs and Substances Act), which make it illegal to possess these drugs, and provided around $1.5 million to support the scientific research pilot project. The provincial government in BC has also provided $2 million to fund the program. It has been established in partnership with the City of Vancouver, the Vancouver Police Department, and local community groups.

Insite is being studied to determine whether it will reduce the harm associated with injection drug use to individuals (particularly overdose, HIV, and hepatitis) and the community (particularly public injecting). The Downtown East Side has significant health issues relating to infectious diseases and substance misuse. Over the course of the next three years, researchers will examine if it reduces overdoses, improves the health of injection drug users, increases their appropriate use of health and social services, and reduces the health, social, legal, and incarceration costs associated with injection drug use.

How does it work?

Clients who enter the SIS are assessed and led through a waiting area to a 12-seat injection room where they can inject their own drugs under the supervision of trained medical staff. They will have access to clean injection equipment including spoons, tourniquets, and water, aimed at reducing the spread of infectious diseases.

After injecting, they move to a post-injection room where, if appropriate, staff can connect clients with other on-site services. These include primary care for the treatment of wounds, abscesses, and other infections; addiction counselling and peer support; and referral to treatment services such as withdrawal management,

CASE STUDIES: CASE 1

continued...

opiate replacement therapy, and other services.

Along with the on-site coordinator, two registered nurses are present at all times with an addiction counsellor and physician support available on-call. Program assistants help greet and register people, as well as provide peer contact to encourage safe injection practices and show drug users how to use the site.

The SIS can accommodate up to several hundred injections each day as part of the research pilot project, although the experience at similar sites in Australia and Europe suggest the user community will take a while to accept the concept of a legal injection site.

CASE STUDIES: CASE 2

Forcing a woman to take substance abuse treatment to protect her child (the Case of Ms. G)

The situation

"Ms. G" was a 23-year-old woman from Winnipeg who was ordered into treatment by the provincial court when five months pregnant with her fourth child. She was addicted to glue sniffing, which could have damaged the nervous system of the developing fetus. As a result of her addiction, two of her previous children were born permanently disabled and are permanent wards of the state. "Ms. G" was unable or unwilling to stop sniffing glue on her own. A provincial court judge ordered that Ms. G be placed in the custody of the provincial government child and family services and held in a health centre for treatment until the birth of her child.

At the same time, the government child and family services department asked the court for the power to order substance-using pregnant women into treatment, even against their will, and looked to the Supreme Court, the highest court, in the land to authorize it.

The question before the Supreme Court was whether the state has the right to force pregnant substance users into treatment programs.

The concern

Experts in women's health were concerned that forced treatment would result in women at risk steering clear of services, fearing they and their children will be apprehended. This would have the effect of driving them underground and make it less likely that they would seek health care for themselves and their unborn children. They feared that forced treatment laws would be applied unfairly. Studies from other countries show the majority of women confined against their will are poor and/or members of racial minorities. They considered this type of law-and-order response to be a quick fix that fails to deal with the social causes of women's substance use, including violence, sexual abuse, poverty, low self-esteem, and lack of control.

The Decision

In the end, seven out of nine Supreme Court Judges said that the court does not have the right to force pregnant substance users into treatment programs.

Recommended Practices

Women who are heavy users of substances during pregnancy almost always live

CASE STUDIES: CASE 2

continued...

in difficult circumstances (that is, they have often experienced violence, poverty, physical or sexual abuse, and mental health problems). What works best in helping a woman in this situation is to show respect and not judge her actions. It means helping a woman take small steps to improve her own health and the health of her unborn child. It may be that she cannot stop using substances, but she may be able to cut back and improve her diet or get out of an abusive relationship, which will improve her own health and that of her child.

CASE STUDIES: CASE 3

North American Opiate Medication Initiative (NAOMI) Project (North America's first project to study the effectiveness of prescribing heroin to addicted people)

The Problem

In Canada, there are approximately 60,000 to 90,000 people addicted to illegal opiates such as heroin. Opiate addiction is linked to overdose, infection risks, loss of regular social functioning, drug-related crime, and extensive costs to the public health, welfare, and criminal justice systems. Scientists estimate that the cost of untreated heroin addiction is more than $45,000 per person per year. While other treatment is effective in many cases, some long-term, higher-risk patients do not respond to or benefit from this standard treatment.

What is NAOMI?

NAOMI (North American Opiate Medication Initiative) is a research project to determine whether providing injectable, pharmaceutical-grade heroin is more effective than standard treatment in attracting, holding onto, and helping chronic, opiate-dependent injection drug users (IDUs) who have not been helped by regular forms of treatment.

The NAOMI study is intended to see whether this form of treatment will be more effective and will also improve the health and quality of life of injection drug users, by reducing their use of street drugs, reducing homelessness, and decreasing interactions with the criminal justice system. The researchers will also determine whether they can find a way of attracting and keeping drug users in treatment so that they can hook them up with other parts of the health-care system, social support, and counselling.

The research study will take place in three cities in Canada: Toronto (Centre for Addiction and Mental Health and the University of Toronto), Vancouver (University of British Columbia), and Montreal (Université de Montréal).

How it works

According to program guidelines, drug users must be over 25, have been heroin addicts for more than five years, and previously have tried standard treatment for heroin addiction. Persons on probation, facing criminal charges, or with severe mental illness will not be able to participate.

During the study, those selected to receive heroin will visit the clinic up to three

CASE STUDIES: CASE 3

continued...

times a day, seven days a week, where they will receive prescribed doses of heroin under a physician's supervision. Participants will be asked to remain at the clinic for a half hour after each injection. Available at the clinic will be social workers, addiction counsellors, and other social support staff, who will work with participants to achieve a more stable lifestyle and, ultimately, wean them from opiate addiction.

At the study's end, participants will have a three-month transition period to wean them off heroin. They will then have the option of going into detox, going into standard treatment, or going back to the streets to feed their habit.

SECTION 5

APPENDICES

Appendix A. Alcohol and Other Drug Education in the School: A Note to Parents

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- Pharmaceutical (Prescription) Drugs
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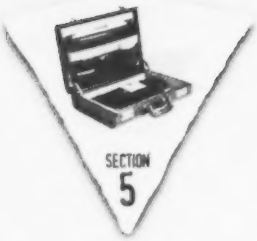
- Addiction Services Locations with Prevention Staff
- Reading List On Substance Abuse for Adolescents
- Websites Relevant to Students and Teachers

Appendix F. Teacher Evaluation Form for *A Question of Influence*



Appendix A:
Alcohol and Other Drug Education in the School: A Note to Parents

Dear Parent(s) or Guardian(s),

This year, as part of the junior high level Healthy Living curriculum, our school will be using the curriculum supplement *A Question of Influence* to guide learning about alcohol and other drugs.

A Question of Influence has been developed by the provincial government though the Department of Health Promotion and Protection and the Department of Education. The resource is well researched and is based on best-practice evidence that demonstrates what types of educational activities are most effective for 12- to 14-year-old adolescents. As a result, it focusses on the two substances junior high students are most likely to encounter—alcohol and cannabis—and it supports students in developing skills to avoid the use of these substances and stay safe.

A Question of Influence was tested in Nova Scotia schools and was well received by teachers and students alike. We are confident that your child will learn a great deal from the resource activities and benefit from the information received. Feel free to view the resource on the Department of Health Promotion and Protection's website: *http://www.gov.ns.ca/hpp/* [Click on Addiction Prevention].

If you have any questions or concerns about the information or activities contained in *A Question of Influence*, please feel free to contact me.

Sincerely,

_____

Healthy Living Teacher

Contact Information

_____

_____

_____

_____

_____

Appendix B:
Understanding Drug Influences, Risks, and Effects

Influences affecting students' substance-use decisions

This supplement distinguishes between three levels of influence: internal, interpersonal, and environmental.

1. **Personal or internal influences** (e.g., curiosity, emotional stresses, mental health problems, beliefs concerning risk, and norms). This category of influences is referred to as "how I influence myself" in the grade-specific activities.

CURIOSITY

Curiosity is natural in young people, and is most often a positive trait. There are few days when drug issues are not in the news, and they are frequently a topic of conversation, so it is not surprising that some young people are curious enough to experiment with alcohol or another drug.

EVERYDAY EMOTIONAL STRESS

Because they hold promise in elevating mood and enhancing positive feelings, substances (both legal and illegal) may appeal to some persons—young or old—who are stressed, anxious, or just bored.

LACK OF PERCEIVED RISK

Decisions around substance use are also linked to a sense of how much risk is associated with a particular drug. In cases where new information leads to an understanding that there is greater risk linked to a drug, fewer young people will use the drug. The reverse is also true: an emerging drug may experience a "honeymoon period" when there is little information available about risks or harms.

Because alcohol is legally available, some may underestimate the harms or negative consequences resulting from hazardous alcohol use. However, in the *Nova Scotia Drug Use Survey (2007)*, students reported experiencing a range of harms as a result of their use of alcohol: damaged things when drinking; injury to oneself; caused tensions or disagreement with family or friends; cost of alcohol prevented buying other things; trouble with the police; school work or exams affected; and being in a motor vehicle accident as a driver after drinking in the

previous two hours (See Table 5 in Section One for details).

To a greater degree than adults, youth tend to minimize the risks posed by their own substance use, with young men tending to do so more than young women. It has long been understood that young people tend to give less attention to long-term risks linked with substance use than they do to the more immediate consequences.

MENTAL HEALTH PROBLEMS

It is estimated that, at any point, 15 percent of Canadian children and adolescents are experiencing clinical mental health problems, such as anxiety disorder, conduct disorder, attention deficit hyperactivity disorder (ADHD), depression or schizophrenia, that make it difficult for them to function. Individuals with mental health problems are at risk for substance-use problems because they may look to various drugs to "medicate" the distress they feel.

2. **Social or interpersonal influences** (e.g., peer and family influences). This category of influences is referred to as "how others influence me" in the grade-specific activities.

SOCIAL ACCEPTANCE

Some young people are strongly influenced by their belief that substance use is common. For example, if one's friends smoke, drink, or use other substances or if there is a sense that others in his or her network do, a young person may feel some influence to use. Some young people may use substances in the same way they use clothes and music, to establish an identity or image for themselves.

CELEBRATIONS AND RELIGIOUS OBSERVANCES

Alcohol and other drugs are often a part of family, community, or religious celebrations or services. On these occasions, substances are often valued more for their symbolic importance than their drug effect.

DIFFICULT LIFE EXPERIENCES

Some youth experience very difficult living situations that may include physical and sexual abuse and other forms of violence. Some young people leave home and live on or close to the streets, experiencing a range of difficulties. Although situations vary greatly within gay, lesbian, bisexual, and transgender (GLBT) populations, some GLBT youth may experience great stigma and personal uncertainty. All of these young

people may be attracted to substance use to cope with their situations and, as a result, find themselves at risk for substance-use harms.

3. **Cultural or Environmental influences** (e.g., media, culture). This category of influences is referred to as "How I am influenced by the world around me" in the grade-specific activities.

CULTURE AND MEDIA

Today's young people are growing up in a world that tolerates more forms of substance use, both medical and non-medical, than at any other time in history. In addition to their contributions to health, a side-effect of the huge presence of the pharmaceutical and alternative medicine industries is a climate of "solution by ingestion." An unprecedented ease of access to various media has meant that more young people than ever are "consuming" a pop culture that tends to tolerate, and at times promote, substance use. The powerful marketing capacities of the alcohol and tobacco industries, and their focus on the youth market, add to this environment. Even these capacities however are dwarfed by the scale of the illicit drug industry.

PRINCIPLES OF SUBSTANCE USE–RELATED RISK

New mood-altering substances are continually emerging in our communities. While it is important to become aware of the specific effects and potential harms linked to emerging drugs, it is helpful to understand principles of substance-use risk that apply to all substances, legal and illegal.

All substance use involves a measure of risk

While those using mood-altering drugs always seek some sort of benefit, non-medical substance use almost always poses some risks. Risk, in this sense, is an estimate of how likely it is that harm will occur as a result of using a substance. Risk from non-medical substance use can range from very low to very high, but it is important to know that even at low levels of risk (for example, when a person is experimenting for the first time), harms may occur.

The greater the amount used on an occasion, the greater the level of risk

Using any substance to the point of intoxication, often termed binge use, usually results in disorientation, lack of judgment, and loss of motor coordination. This kind of use greatly increases the likelihood of injury due to accidents or violence. Due to their relative lack of experience, young people are particularly at risk. Understanding the amount used is difficult with illegal substances that have unknown purity, hence the risk of overdose.

Combining substances is very risky

There are increased risks involved in taking more than one drug at a time. The combined effects of two drugs can be greater than expected (i.e., it may be that 1+1=3); often the result is unpredictable. For example, authorities are increasingly concerned with the combined effects of cannabis and alcohol when driving.

The interaction of person, drug, and setting greatly influences the level of risk

The interaction of the person, the drug, and the setting determines the effects and harms linked to use of a substance.

PERSON

The person's physical traits, such as weight, gender, metabolism, and state of health, can all play a role in determining risk levels. A person's state of mind—their mood and expectations—will help to determine the experience and the level of risk involved in a drug-using situation (for example, risk increases when a person drinks in an angry state or to cope with sadness, rather than to enhance an enjoyable situation).

DRUG

The way the drug is prepared (i.e., weak vs. strong dosage) will help to determine risk. For example, the strength of cannabis used in Canada is now generally much greater than was the case 20 years ago, and risks are increased accordingly. The manner of use (i.e., swallowing, sniffing, inhaling, or injecting) has a large bearing on the level of risk involved. Swallowing tends to reduce the peak "high" and lengthen the period of intoxication. On the other hand, sniffing, inhaling, and injecting all result in a rapid and quite possibly, disorienting drug effect that may be dangerous. Injection is particularly dangerous because of the risk of contracting an infection, such as HIV or hepatitis C, from shared needles.

CONTEXT

Substances usually affect motor coordination, judgment and intellectual functioning in various ways. For that reason, there are certain settings or contexts for drug use that always pose a high risk for harm and should always be avoided: before driving a car, boat, ATV, or snowmobile, or using other machinery; before studying or working; before sports or other physical activity; before sexual activity; when pregnant; when using medication or other substances; and when sick.

Risk increases with frequency and duration of use

Beyond the level of risk associated with a single, drug-using situation, frequency and duration of use is also a major factor. The more frequently larger amounts are used over a lengthy period of time, the greater the likelihood of a dependency. Dependence, characterized by an inability to control use even in the face of negative consequences, can occur with any mood-altering substance, regardless of whether it is capable of producing physical dependence or only psychological dependence. Some persons can stop dependent use of a substance on their own, but most benefit from help from specialized treatment services or a self-help group.

DRUG TERMS

Drug

A drug is any chemical substance that changes the way the body functions. Mood-altering or psychoactive drugs affect the way a person thinks, feels, and acts.

Examples: Antihistamines reduce the symptoms of allergies. Cough medicines decrease coughing and can make a person feel more relaxed. Consuming alcohol can lead to intoxication.

Harmful involvement

Harmful involvement is the use of a drug to the extent that it interferes with everyday life.

Example of harmful involvement: The adult who has a drink in the evening to wind down after work may not be harmfully involved with alcohol. But if the person is consuming more than two drinks each evening, and more than 14 a week (9 for women), then he or she may be harmfully involved.

Tolerance

Tolerance occurs when the body adjusts to a drug to the point that increased amounts are required to achieve the initial effects. An adult who finds one drink relaxing may, after a while, discover that it takes two or three drinks to achieve the same effect. This is developing a tolerance toward alcohol.

Examples of tolerance: A person often doesn't realize that he or she is becoming tolerant to something. Freshly baked bread or cookies smell wonderful when you first enter the kitchen, but the smell quickly wears off when you get used to it. Swimming pools often feel very cold when you first jump in, but in a short time the water feels comfortable.

Physical dependence

Physical dependence occurs when the body becomes so accustomed to a particular drug that it can function normally only if the drug is present. Without the drug, the user may experience a variety of symptoms ranging from mild discomfort to convulsions, depending on the drug. These symptoms, some of which can be fatal, are collectively referred to as "withdrawal." Not all drugs produce physical dependence, but they may still be abused because of their perceived effects, or psychological dependence. Physical dependence is one of the factors contributing to the continued use of drugs.

Example of physical dependency: If a smoker runs out of cigarettes, he or she may become anxious, agitated, restless, or depressed and have sleep disturbances and decreased blood pressure and heart rate. In heavy smokers these symptoms may develop within hours of the last cigarette.

Withdrawal

Withdrawal describes the effects when a person stops taking a drug or reduces the amount of the drug. Usually the effects of withdrawal are the opposite of the effects experienced when the drug is taken.

Example of withdrawal: The person who has a cup of coffee every morning to wake up may feel drowsy or have a headache on a morning when he or she misses a cup of coffee.

Psychological dependence

Psychological dependence exists when a drug is so central to a person's thoughts, emotions, and activities that it is extremely difficult to stop using it or even stop thinking about it. Like physical dependence, psychological dependence is the result of ongoing drug use and a cause of continued use.

Example of psychological dependency: People who have quit smoking can occasionally have strong cravings for a cigarette. This can occur years after the person has had his or her last cigarette.

Addiction

While there is no universally accepted definition of addiction, it is commonly understood to refer to repeated use of a psychoactive substance or substances to the extent that the user is periodically or regularly intoxicated, shows a compulsion to take the preferred substance(s), has great difficulty in voluntarily stopping or modifying use, and attempts to obtain the substance(s) by almost any means.

Example of addiction: A person who is addicted to an opiate such as heroin, and unable to secure any other supply, breaks into a pharmacy to obtain opiate-based medicines such as Dilaudid or morphine.

DRUG CLASSIFICATIONS

Psychoactive Drugs

Mood-altering drugs—also called psychoactive drugs—are drugs that can change or affect the way a person thinks, feels, or acts. These drugs usually have physical effects as well, but what sets them apart from other drugs is that they work on the mind and the senses. Most of these drugs work on the central nervous system (CNS).

Psychoactive drugs can be classified as

- CNS depressants
- opiates
- CNS stimulants
- hallucinogens
- cannabis
- solvents and inhalants

CNS DEPRESSANTS

These are drugs that act on the central nervous system, producing feelings of relaxation, and can lead to intoxication. These drugs lower blood pressure, respiration, and heart rate. In large doses, depressant drugs may lower these body functions to the point of death.

Examples of depressants include

- alcohol (e.g., beer, wine, spirits, coolers)
- benzodiazepines (minor tranquillizers or sleep medications)
- barbiturates

OPIATES

These drugs were originally derived from the Asian poppy, but many drugs in this class are now produced by the pharmaceutical industry. These drugs are often prescribed by physicians and used under medical supervision to relieve and manage pain. Opiates can produce surges of pleasure followed by stupor. They also produce nausea, constipation, and slow breathing to a point where it may stop. Opiates have high addiction potential and can produce physical dependence at a prescribed dose.

Examples of opiates include

- morphine
- codeine
- heroin
- various prescription pain relief medications (e.g., OxyContin)

CNS STIMULANTS

These drugs act on the brain and the body to cause a variety of effects, including increased blood pressure, heart, and respiration rates; raised blood sugar levels; increased energy and alertness; and decreased appetite.

Examples of stimulants include

- cocaine (including crack)
- amphetamines (e.g., Benzedrine, speed, crystal methamphetamine)
- diet pills
- nicotine—tobacco products
- caffeine—coffee, tea, chocolate, colas
- methylphenidate (Ritalin)
- methylenedioxymethamphetamine* (MDMA - ecstasy)

* A stimulant with hallucinogenic properties

HALLUCINOGENS

Sometimes referred to as "psychedelics," these drugs act on the brain, intensifying all senses, dramatically affecting perception, and creating disorientation. Hallucinogens raise the heart rate and sensory activity and muddle perceptions of reality.

Examples of hallucinogens include

- lysergic acid diethylamide (LSD, acid)
- psilocybin (magic mushrooms)
- mescaline (peyote)

CANNABIS

Cannabis products are considered in a classification of their own because they act like a hallucinogen, but also produce depressant effects. Cannabis effects include relaxation and slowed response time, as well as memory and concentration problems.

Examples of cannabis products include

- marijuana
- hash
- hash oil
- synthesized THC medicinal product (e.g., Marinol)
- cannabis-based medicinal product (e.g., Sativex)

SOLVENTS AND INHALANTS

Solvents and inhalants are found in household and commercial products. They are used by pouring the product into a bag and inhaling. Effects range from effects similar to being intoxicated to serious and unpredictable results such as seizures, convulsions, brain damage, heart failure, and death.

Examples of solvents and inhalants include

- gas
- paint thinner
- aerosols
- plastic cement

DRUG EFFECTS BY CLASSIFICATION

CLASSIFICATION AND EXAMPLES	EFFECTS (CAN HAVE AT LEAST ONE OF THESE EFFECTS)	HARMS/DANGERS (RISKS OF USING A DRUG CAN INCLUDE ONE OR MORE OF THESE)
CENTRAL NERVOUS SYSTEM DEPRESSANTS		
• Alcohol • Benzodiazepines: minor tranquillizers (Valium, Ativan), sleeping medications (Halcion, Imovane) • Barbiturates (Tuinal)	• decreased inhibitions • increased confidence • relaxation • intoxication • poor judgment • slurred speech • impaired memory/thinking • decreased motor skills	• respiratory depression • seizures • liver disease • heart disease • increased risk of cancer • fetal alcohol spectrum disorder • breathing problems • brain damage
OPIATES		
• Prescription pain relievers • Morphine • Codeine • Heroin	• pain relief (analgesia) • drowsiness • intoxication followed by euphoria • constipation • decreased breathing rate • pinpoint pupils	• hepatitis (from sharing needles) • HIV/AIDS (from sharing needles) • increased risk of some cancers • brain damage • pulmonary problems
CENTRAL NERVOUS SYSTEM STIMULANTS		
• Cocaine (incl. crack) • Methylphenidate (Ritalin) • Amphetamines • Nicotine • Caffeine • Methylenedioxymethamphetamine* (MDMA - ecstasy)	• euphoria • increased energy • increased heart rate, blood pressure • decreased appetite • feelings of enhanced sociability, sexuality, confidence	• paranoid psychosis • depression • HIV/AIDS (from sharing needles) • insomnia • sexual disinterest • dilated pupils • seizures • heart attacks/stroke • extreme anxiety, panic states • hallucinations
HALLUCINOGENS		
• Lysergic acid diethylamide (LSD) • Mescaline • Psilocybin ("magic mushrooms") • Phencyclidine (PCP, "angel dust")	• visual and auditory distortions, hallucinations • altered body image • feelings of enhanced mental capacity • muscle twitches • dizziness, nausea, vomiting • out of touch with reality • distorted body image	• panic reactions • psychosis • flashbacks • poor judgment leading to serious injuries or death • anxiety and depression • memory and thinking problems

* A stimulant with hallucinogenic properties.

CLASSIFICATION AND EXAMPLES	EFFECTS (CAN HAVE AT LEAST ONE OF THESE EFFECTS)	HARMS/DANGERS (RISKS OF USING A DRUG CAN INCLUDE ONE OR MORE OF THESE)
CANNABIS		
• Marijuana • Hash • Hash oil • Synthesized THC	• drowsiness, relaxation • feelings of well-being, euphoria • increased appetite • short-term memory deficits • lapse of attention, poor concentration • distorted time/space perception • mood changes • slow reaction time • depression	• impaired driving • worsens schizophrenia symptoms • panic reactions • memory problems • decreased motivation • fearfulness, anxiety • pulmonary problems
SOLVENTS AND INHALANTS		
• Glues • Gasoline • Paint thinner • Lighter fluids • Aerosols	• intoxication • giddiness • sociability • loss of motor coordination • numbness	• heart failure resulting in "sudden sniffing death" • seizures • convulsions • brain damage

APPENDIX C

Detailed Drug Information for Selected Drugs

The following more-detailed fact sheets have been prepared for two groups of substances:

1. Those of greatest concern, alcohol and cannabis[1], because in 2007 each were used by more than 30 percent of the Nova Scotia student population.
2. Those that are seen as emerging drugs of concern (mescaline/psilocybin, non-medical use of amphetamines and methylphenidate (Ritalin), ecstasy, pharmaceutical products, anabolic steroids, and methamphetamine).

These fact sheets are intended primarily as additional information for teachers to assist in responding to questions students may have. They can also be photocopied and distributed to students to support some of the work required by the learning theme activities. Every effort has been made to simplify the reading level of these sheets. The nature of some of the terms and concepts associated with specific drugs means that some students may struggle with some of the material in these sheets. Teachers may want to review the sheets for appropriateness before distributing them to students.

[1] Nicotine was used by 16 percent of high school students in the year previous to 2007, but as mentioned earlier, it is addressed in another supplement, *Smoke-Free for Life. Grades Seven to Nine. A Smoking Prevention Curriculum Supplement.* (1992; updated 2002).

ALCOHOL

Classification

Central nervous system depressant

Examples

beer, wine, spirits (e.g., whiskey, rum, gin, vodka, liqueurs), coolers

Short-term effects

- Relaxation
- Loss of inhibitions (lowered feelings of shyness, self-consciousness, or reservation)
- Reduced coordination
- Slower reflexes and mental processes (e.g., reaction time)
- Attitude changes, poor judgment
- Effects are increased by using alcohol with other drugs, including minor tranquillizers, opiates, and antihistamines (e.g., allergy medication).

Short-term dangers

- Serious overdose may lead to death from respiratory depression (breathing slows or stops).
- Alcohol-related harm can happen right away, such as death or injury from fighting, car crashes, work-related incidents, drowning, falls, and fires.

Effects and harms from long-term use

Long-term, regular heavy drinking (five drinks or more at a time) increases the possibility of

- diseases such as gastritis, pancreatitis, cirrhosis of the liver, certain gastrointestinal cancers, heart disease, brain damage
- alcohol dependency syndrome (also known as alcoholism), which usually brings on a range of health, safety, legal, and money problems, as well as problems with family, friends, and working life

Alcohol use and pregnancy

- There is no safe time to drink alcohol during pregnancy. There is no safe amount of alcohol to drink during pregnancy. Binge drinking (for females,

this means drinking more than four or more drinks on an occasion) is most likely to harm the unborn baby. However, research shows that children born to mothers who drank as little as one drink during pregnancy, may have behaviour and learning problems. Therefore, all drinking should be avoided during pregnancy.

- Drinking during pregnancy can cause a range of lifelong effects known as fetal alcohol spectrum disorder. In the worst cases, a child with fetal alcohol syndrome might grow less, have mental disabilities and look different than other children. These effects do not go away over time.
- Stopping or drinking less alcohol at any point in a pregnancy increases the chances of positive results for the child. No alcohol during pregnancy is the best and safest choice for a healthy baby.

Alcohol dependence

- An alcohol-dependent person gets used to the effects of alcohol, has a higher tolerance (needs more alcohol to feel its effects), and experiences alcohol withdrawal syndrome when stopping.
- Other signs of alcohol dependence include drinking alcohol in larger amounts or over a longer period of time than the person meant to; failed attempts to quit; spending increasing amounts of time on activities linked to drinking or getting alcohol; not looking after other daily activities; and not thinking about the consequences of negative behaviours.

Withdrawal

- The first (and sometimes only) phase involves trembling, excessive sweating, feeling upset or on edge, headache, nausea (feeling sick to your stomach, like you might throw up), and higher blood pressure and heart rate.
- A withdrawal syndrome that features seizures, convulsions, hallucinations (seeing or hearing things that aren't there), and/or delirium tremens (which includes sweating, shaking, anxiety, and confusion) may occur when quitting after drinking alcohol heavily and regularly for a long time.

Alcohol and the law

- Currently, you must be at least 19 years old to purchase alcohol in all provinces and territories, except for Quebec, Manitoba, and Alberta, where you must be 18 years old.
- Provincial laws make it illegal for restaurants and bars to sell alcohol

to underage, drunk, or disruptive people. Restaurants, bars, and those holding special events must pay attention to these regulations because courts have sent a message to these establishments that they must be careful not to serve a guest to the point of drunkenness. In recent years, there have been several court cases in which licensed establishments were sued after an intoxicated person hurt him- or herself or someone else.

- Both the federal and provincial governments have a responsibility to control alcohol advertising on television and radio and in newspapers, although over the past number of years, governments have stepped back and allowed the alcohol and advertising industries to make sure they follow the rules themselves.
- It is against the law to drive with a blood alcohol content (BAC) of .08 percent or more. It is also illegal to drive while drunk even if one's BAC is less than .08 percent. On top of the federal laws, all provinces and territories have laws that mean you can have your driver's licence suspended almost right away if your BAC is over a certain limit (in most cases, lower than .08 percent) or if you don't provide a breath sample.
- All provinces and territories in Canada except for PEI and Nunavut have graduated licensing programs for new drivers, and in all provinces and territories it is against the law for new drivers to drive with any alcohol at all in their blood.

Use of alcohol in Nova Scotia

- Aside from caffeine, alcohol is the most commonly used drug in Nova Scotia.
- Seventy-six percent of Nova Scotians 15 years and older reported that they had drunk alcohol in the past year, according to the 2004 Canadian Addiction Survey (compared to 79 percent of all Canadians).
- Fifty-eight percent of Nova Scotian are light drinkers (they have less than five drinks when they drink), while 18 percent are heavy drinkers (they drink five or more drinks at a time).
- In 2007, 52 percent of students in grades 7-12 in Nova Scotia reported that they had drunk alcohol in the past year – consistent with the 2002 data. The higher the grade, the larger the percentage of students drinking: 12 percent of grade 7s, 49 percent of grade 9s, 63 percent of grade 10s, and 80 percent of grade 12s.
- The percentage of students who have not only drunk alcohol but who

have been drunk in the 30 days before the survey also increases through the grades: 5 percent of grade 7s, 22 percent of grade 9s, 33 percent of grade 10s, and 46 percent of grade 12s.

Standard drink

A standard drink has the same amount of alcohol (17 ml or 0.6 oz.), no matter what kind of drink it is. For example, each of the following is equal to one standard drink[2]:

Regular beer	340ml (12 oz.)	5% alcohol
Light beer	426ml (15 oz.)	4% alcohol
Spirits	43ml (1.5 oz.)	40% alcohol
Wine	142ml (5 oz.)	13% alcohol
Fortified wine	85ml (3 oz.)	18% alcohol
Coolers (wine and spirits)	340ml (12 oz.)	5% alcohol

[2] Most of these beverages also come in "extra strength" versions.

CANNABIS

Classification

Cannabis is considered in a class of its own.

Examples

marijuana, hash, hash oil, Marinol (man-made drug for medical use)

Short-term effects

Psychological (effects may be different depending on how often it is used)

- Feeling sleepy, relaxed
- Feelings of well-being, joy, or happiness
- Decreased driving skills and motor performance
- Bigger appetite
- Problems remembering things
- Trouble paying attention or concentrating
- Warped experience of time and space
- Mood changes (silly to depressed or withdrawn behaviour)
- Slow reaction time
- Feelings of loss of contact with yourself and your surroundings
- Hallucinations (seeing or hearing things that aren't really there)
- Extreme mood swings
- Panic
- Feeling paranoid, suspicious or fearful

Physical

- Red eyes, enlarged pupils
- Irritation of the respiratory tract (the parts of the body involved in breathing)
- Cough, dry mouth
- Increase in heart rate
- Higher blood pressure
- Constipation
- Inability to urinate

Effects and harms from long-term use

- Loss of motivation and interest in continuous activity
- Growing risk of problems with learning and memory
- Linked with schizophrenia (a mental illness)
- Damage to the respiratory system (breathing)

Use during pregnancy

- Lower birthweight babies
- Lack of attention and mild learning problems in early and later childhood

Cannabis dependence

- Tolerance (needing to use more to feel its effects) appears to develop in regular users who use large amounts of the drug.
- Withdrawal symptoms include anxiety, crankiness, sleeping problems, sweating, and loss of appetite.
- The mental craving for the drug combined with these withdrawal symptoms can make it hard for long-term cannabis smokers to stop using the drug.
- Mental and physical dependence on cannabis can occur in people who use regularly and heavily. Dependence means that they use the drug even though it interferes with family, school, work, and leisure activities.

Cannabis and the law

- Prior to publication of this supplement, plans by the Canadian government to reduce the punishment for possession of small amounts of cannabis from a criminal offence to a ticketing offence (while increasing the punishments for growing and selling) had been placed on hold. Under the proposed changes, it would still have been against the law to possess or sell cannabis, but the penalty for possession of small amounts would have been a fine instead of criminal charges.
- The Controlled Drugs and Substances Act (CDSA) remains the law. According to the CDSA, possession of small amounts of cannabis is subject to a fine of $1,000 or imprisonment for up to six months, or both, with larger penalties for larger amounts and for repeat offences.

Use of cannabis in Nova Scotia

- In 2004, 14 percent of Nova Scotians 15 years and over reported using cannabis in the past year, the same as for Canadians overall (2004 Canadian Addiction Survey).

- In 2007, 32 percent of Nova Scotians in grades 7-12 reported having used cannabis in the past year. The higher the grade, the larger the percentage of students using the drug: 6 percent of grade 7 students, 31 percent of grade 9 students, 39 percent of grade 10 students, and 53 percent of grade 12 students.
- Around one in four clients in selected Canadian drug treatment programs report that cannabis is a "problem" substance for them.

Medical uses

- Artificially made cannabis is now available as a medicine. It works as a painkiller, controls nausea (feeling sick to one's stomach) and vomiting, and increases appetite; it looks like it is useful for patients having chemotherapy and those suffering from AIDS-related anorexia. However the exact way in which cannabis works is unknown.
- In Canada, there are two prescription forms of artificially made cannabis available: pill and spray. In pill form, it is used to increase appetite and reduce nausea and vomiting among cancer and AIDS patients; as a mouth spray, it is used as a pain medication for people who have multiple sclerosis.
- In 2001, Canada became the first country to start a system controlling the use of marijuana as medicine, as a result of pressure from the courts.
- Currently, people who suffer from incurable illness, multiple sclerosis, spinal cord injury, epilepsy, severe pain and weight loss from cancer or AIDS, and very bad arthritis can get marijuana for medical reasons through a doctor (in 2004, less than 1,000 people did this).

AMPHETAMINES AND METHYLPHENIDATE (RITALIN)

Classification

Central nervous system stimulants

Immediate and short-term effects

- At low doses, effects include increased alertness, energy, and a feeling of well-being, but can also include nervousness, decreased appetite, rapid heart beat and breathing, increased blood pressure, sweating, enlarged pupils, and dry mouth.
- A person may become talkative, restless, excited, feel powerful, superior, aggressive, and hostile or behave in a strange, repetitive way.
- At higher doses, a person may feel happy and excited. Smoking or injecting amphetamines can produce a feeling described as extremely pleasurable that lasts a few minutes.
- Very large doses cause blushing, very fast or unsteady heartbeat, shaking, severe paranoia, and frightening hallucinations. Large doses can also cause death from burst blood vessels in the brain, heart failure, or very high fever.
- Violence, accidental or not, is the leading cause of amphetamine-related deaths.
- Overdose can cause delusions, hallucinations, high fever, delirium, seizures, coma, stroke, heart failure, and death.
- Use with alcohol and other drugs is especially dangerous because it leads to very unpredictable effects.

Effects and harms from long-term use

- Long-term heavy users tend to be malnourished because these drugs make you lose your appetite.
- Long-term users are also likely to experience "amphetamine psychosis," an experience similar to paranoid schizophrenia that usually disappears after the drug leaves the body.
- Amphetamine users can develop violent tendencies.

Use during pregnancy

- Babies born to amphetamine users are more likely to be born prematurely, have low birth weight, have a higher risk of birth defects, and experience withdrawal symptoms like distress and drowsiness.

Amphetamines, methylphenidate and dependence

- Regular users develop tolerance and will experience withdrawal when they stop use.
- After long-term use, even using small amounts, users can develop psychological dependence.
- Regular use at high doses can cause extremely obsessive use of the drugs.
- Quitting can result in extreme tiredness, disturbed sleep, anxiety, hunger, depression, and suicidal thoughts.
- Intense cravings along with a desire to avoid physical withdrawal symptoms mean that users may go to great lengths (including using violence) to get the drug.

Amphetamines, methylphenidate and the law

- The laws for amphetamines and methylphenidate are part of Schedule III of the Controlled Drugs and Substances Act. The fine for possession can be up to $1,000 or going to prison for up to six months, or both (summary conviction).
- The penalties increase for further (repeat) offences and with larger amounts in possession (e.g., trafficking) can result in going to prison for up to 10 years.

Use of amphetamines and methylphenidate in Nova Scotia

- There is no information available about the use of amphetamines or methylphenidate (Ritalin) in the general population of Nova Scotians.
- In 2007, about 6.6 percent of students in grades 7-12 in Nova Scotia reported using either amphetamines or methylphenidate without a prescription in the past year.

MESCALINE AND PSILOCYBIN (MAGIC MUSHROOMS)

Classification

Hallucinogens

Immediate and short-term effects

- Effects from psilocybin use are felt after about a half hour and last for several hours; effects from mescaline use also appear slowly and last 10–18 hours.

Psychological effects

- As hallucinogens, they change the way a person sees, smells, hears, tastes, and experiences touch (e.g., visual effects, distortion of sound and changes in the sense of time and place).
- They may produce hallucinations; that is, a person may see or hear something that is not really there.
- Effects are unpredictable and emotional reactions can differ greatly.
- Difficulty concentrating makes it very dangerous to drive or operate machinery.
- Injuries and death can occur with these substances because of accidents caused by confusion and risky behaviour.

Physical effects

- Dilated (enlarged) pupils, higher body temperature, increased heart rate and blood pressure, loss of appetite, sleeplessness, dry mouth, and shaking
- Nausea, vomiting, shivering, chills, and sweating often accompany use of these drugs.
- No evidence of fatal overdose

Effects and harms from long-term use

- Daily use is uncommon because tolerance can build very quickly so that a few days' break is needed for the drug to keep having an effect.
- There are no significant physical problems resulting from long-term use.
- Depression, anxiety, and psychosis are a possibility, particularly among people who are more likely than other people to develop mental health problems.

Use during pregnancy

- Little is known about the effects of these hallucinogens on pregnancy.

Mescaline, psilocybin and dependence

- These substances do not appear to cause physical dependence, even after long-term use.
- Regular users can become psychologically dependent (i.e., they feel like they need the drug and without it, they get anxious or even panicky).

Mescaline, psilocybin and the law

- Mescaline and psilocybin are governed by Schedule III of the Controlled Drugs and Substances Act. Conviction for possession of these drugs can result in a fine of up to $1,000 or going to prison for up to six months, or both.
- Further (repeat) offences or possession of larger amounts can result in larger penalties (e.g., trafficking and related activities can result in imprisonment for up to 10 years).

Use of mescaline and psilocybin in Nova Scotia

- In 2004, a very small percentage of Nova Scotians (1.5 percent) reported having used any hallucinogen (could include LSD, PCP, mescaline, or psilocybin) in the past year.
- In 2007, about 7.7 percent of students in grades 7-12 in Nova Scotia reported having used mescaline or psilocybin in the past year.

METHYLENEDIOXYMETHAMPHETAMINE (MDMA-ECSTASY)

Classification

Stimulant (with hallucinogenic effects)

Names

ecstasy, E, XTC, Adam, euphoria, X, MDM, and love doves

Origins and ingredients

- This substance usually comes in gelatin capsules or tablets.
- Pills can be any colour and may have a design on one side such as a dove or a diamond.
- It can also come as a powder, which is snorted or, less commonly, dissolved and injected.
- As with all illegal drugs, it is impossible to know exactly what chemicals might be found in a pill that is supposed to be ecstasy; the actual amount of ecstasy in a tablet can vary greatly.
- Effects of taking a moderate dose start after 20–60 minutes (longer if on a full stomach) and can last for 3 to 6 hours.
- "Herbal ecstacy" (spelled wrong on purpose to set it apart from MDMA) has been marketed as a natural and legal alternative to ecstasy. It is a blend of herbs and compounds that usually include ephedra and caffeine. Users often think that "natural" products imply "safe" products. However, these products can be quite harmful. Health Canada has warned that products containing ephedra/ephedrine have led to serious health problems (such as stroke, heart attacks, heart rate irregularities, seizures, and psychoses) and death.

Immediate and short-term effects

- At first the pupils become enlarged, the jaw tightens, and there is often a short period of nausea, sweating, and dry mouth and throat.
- Blood pressure and heart rate increase, and loss of appetite is common.
- Many users experience a rushing feeling at first followed by an odd combination of energy and calm.
- Loss of anger, the ability to understand and feel for other people, and an increased sense of being able to communicate are commonly reported.
- Some users also report an increased sense of their surroundings, greater appreciation of music, and more intense sexual and sensual experience.

- Some users have bad experiences, including depression, sleep problems, intense fear and worrying, confusion, and unpleasant distortion of the senses. These experiences may, in some way or other, last for days or even weeks. This is more likely if users take high doses or are already feeling anxious or unstable.
- Disorienting effects may make accidents more likely. Deaths that have been linked to ecstasy have mainly been connected with non-stop dancing in hot, crowded clubs, which resulted in hyperthermia (overheating) and severe dehydration. This is because ecstasy can interfere with the body's ability to regulate its temperature.
- After taking ecstasy, users may feel very tired and need a long period of sleep to recover.
- Regular use may lead to sleep problems, lack of energy, dietary problems (including anorexia nervosa), and feeling depressed or anxious.
- Increased vulnerability to colds, flu, and sore throat may follow.

Effects and harms from long-term use

- Although little is known about the long-term effects of regular use, there are definite concerns around learning, behavioural, and emotional changes.
- Depression, mood changes, and disrupted sleep patterns can occur in the week after use.
- Users may experience flashbacks or psychosis.
- Problems with short-term memory can occur (it is not clear if these changes are permanent or not).
- Severe liver damage can occur shortly after taking ecstasy, usually because of hyperthermia (overheating).
- Liver damage, apparently unrelated to hyperthermia, can also occur days or weeks after even a few times using ecstasy.

MDMA and dependence

- People who use ecstasy regularly for several weeks or months need larger amounts to feel the same effects.
- There is little information on whether regular ecstasy users experience dependence or withdrawal symptoms if they quit.
- Psychological dependence on the feelings of euphoria and calmness and the lifestyle around ecstasy use is not uncommon.

MDMA and the law

- As a hallucinogen, ecstasy is governed by Schedule III of the Controlled Drugs and Substances Act. Conviction for possession of these drugs can result in a fine of up to $1,000 or going to prison for up to six months, or both.
- Further (repeat) offences or possession of larger amounts can result in larger penalties (e.g., trafficking and related activities can result in imprisonment for up to 10 years).

Use of MDMA in Nova Scotia

- There is no information available on ecstasy use in the general population.
- Nova Scotia students were asked about ecstasy use for the first time in 2001. At that time, 4.4 percent report that they had used the drug in the past year.
- In 2007, about 7 percent of students in grades 7-12 in Nova Scotia reported having used MDMA (ecstasy) in the past year.
- As with other substances, the higher the grade, the larger the percentage of students using the drug: 0.8 percent in grade 7, 6.7 percent in grade 9, 8.6 percent in grade 10, and 11.3 percent in grade 12.
- The percentage of males and females reporting using MDMA is about the same.

PHARMACEUTICAL (PRESCRIPTION) DRUGS

Classification

The most commonly prescribed drugs that affect mood and behaviour fall into the categories of stimulants, opiates, and CNS depressants.

STIMULANTS

- At one time, prescription stimulants were more commonly available. However, the risk that they can produce serious problems linked to dependence has led to a change in prescribing practice.
- Stimulants are now prescribed for treating only a few health conditions, including narcolepsy (a sleeping disorder where a person cannot help suddenly falling asleep), and attention-deficit hyperactivity disorder (ADHD).
- Methylphenidate (Ritalin) is commonly prescribed in these cases. For people with these disorders, this drug has a calming rather than stimulating effect. However, others seeking a stimulant effect sometimes abuse them.

OPIATES

- Drugs from the opiate family (sometimes referred to as narcotics) are quite useful in treating pain (e.g., codeine, morphine).
- Because drugs in this family can also produce feelings of pleasure, they are used non-medically as well. Effects include drowsiness, constipation, and, with larger doses, slowed breathing.
- Taking a large single dose (such as through injection with a needle) can stop breathing and cause death.
- Because tolerance develops with long-term use and because withdrawal is difficult, dependence on these drugs happens easily.
- **OxyContin**, an opiate-like substance that is very effective in managing severe pain, deserves special mention:
  - Its form can be altered, making a substance that some are using non-medically because of effects similar to heroin. It is highly addictive when used this way.
  - Hundreds of deaths have occurred in the US as a result of overdose, and a growing number of deaths have been reported in Atlantic and Eastern Canada in the past five years.

CNS DEPRESSANTS

- These substances slow down normal brain function.
- Barbiturates, also called "downers," were developed to treat sleep problems, anxiety, tension, high blood pressure, and seizures. Some are used as anesthetics.
- Benzodiazepines have replaced barbiturates in the treatment of many disorders. They are usually prescribed to treat anxiety and nervousness, to relax muscles, to control certain types of muscle spasm, and to treat sleep problems. Although they are safer and have fewer side effects than barbiturates, they can also produce dependence and are generally recommended for short-term use only.
- CNS depressants should not be combined with any medication or substance that causes drowsiness, including alcohol, opiate pain medicines, or certain over-the-counter cold and allergy medications. If combined, they can multiply each other's effects and slow breathing and the heart to the point of death.

Control of pharmaceutical products

The pharmaceutical industry produces hundreds of drugs that can affect a person's mood and behaviour. These all have medical uses that can provide real benefits when used responsibly. Several groups play a role in controlling these drugs and making sure they are used responsibly:

- Governments need to make sure that scientific proof of safety and effectiveness of new drugs is available, keep an eye on the production, sale, and distribution of these products, and make sure there is a balance between public health and the business interests of the pharmaceutical companies.
- Pharmaceutical companies must provide full, accurate information on the benefits and problems that may result from use.
- Physicians and pharmacists need to have a strong understanding of the product and the patient, communicate this information to the patient, and watch for signs of dependency.
- The patient needs to be honest about their condition and their use of the drug. Because it is possible for a person to become dependent on most of these substances, sometimes being responsible might mean looking for alternatives to pharmaceutical drugs, for example, by improving relaxation and stress-management skills.

Use of pharmaceutical products in Nova Scotia

- There is no information available on how common pharmaceutical medicine use is in Nova Scotia.
- In 2007, about 6.6 percent of students in grades 7-12 in Nova Scotia reported having used amphetamines or Ritalin without a prescription in the past year. Like with most other substances, use increases through the grades (from 2.5 percent of grade 7s reporting using the drugs in the past year to 8.2 percent of grade 12s).
- In 2007, 3.0 percent of students reported non-medical use of tranquillizers.

ANABOLIC STEROIDS

Classification

Ergogenic or performance-enhancing drugs

Origin and uses

- These drugs are available legally only by prescription to treat conditions that take place when the body produces abnormally low amounts of testosterone, such as delayed puberty and some types of impotence. They are also prescribed to treat body wasting in patients with AIDS and other diseases that result in loss of lean muscle mass.
- Athletes and others abuse anabolic steroids to improve performance and also to improve physical appearance. These drugs increase lean muscle mass, strength, and endurance, but they have not been found to improve acrobatic skills, cardiovascular capacity, or recovery from activity.
- Anabolic sterioids are swallowed or injected. Athletes who cheat in this way take doses 5 to 10 times larger than those prescribed medically. Body builders and weight lifters may take doses up to 200 times larger.
- Selling anabolic steroids for non-medical use is illegal. Most of these steroids come from the "black market," and like any illegal substance they may be mixed with other substances that may be toxic.

Immediate and short-term effects

- Anabolic steroids cause unpleasant side effects like acne, high blood pressure, and increased cholesterol levels (which can lead to heart problems). Users can also have sexual problems.
- People who inject anabolic steroids run the added risk of getting or passing on HIV/AIDS or hepatitis, which causes serious damage to the liver.
- Many users report feeling good about themselves while on anabolic steroids. Even so, researchers report a range of other psychological effects including anxiety, crankiness and aggression ("roid" rage), insomnia, depression, mania, and psychosis. Depression often occurs when the drugs are stopped and may contribute to dependence on anabolic steroids.

Effects and harms from long-term use

- In teenage and young adult males who use large amounts (in some cases equal to 100 to 200 mg testosterone weekly), anabolic steroids may cause baldness, shrinking of the testicles, reduced sperm count, increased risk of tumours of the testicles and prostate, and enlargement of breasts.
- Women who use anabolic steroids are at risk of "masculinization," including development of body hair, breast reduction, deepened voice, and lighter periods or no periods at all. Many of these effects are permanent.
- Both sexes may experience liver damage and cancer, acne, increased chance of ruptured tendons, damaged joints, jaundice, swelling of feet and ankles, increased blood pressure, and cardiac problems such as increased risk of heart attack and enlarged heart.
- Anabolic steroids are dangerous for teenagers because they may affect growth.
- Research also shows that some users might turn to other drugs to deal with some of the negative effects of anabolic steroids.

Steroids and dependence

- Users do not appear to develop tolerance. This means that larger doses are not needed over time to achieve the same effects. However, dependence on steroids does occur. Users can experience both physical and psychological withdrawal symptoms when they stop taking steroids. These include nausea, headache, sweating, dizziness, irritability, and depression.

Steroids and the law

- In Canada, anabolic steroids are regulated by the Controlled Drugs and Substances Act (Schedule IV). Trafficking and related offences can result in imprisonment for up to three years. The International Olympic Committee banned steroid use in 1975. Since then, most sports organizations have put steroids on their list of banned substances.

Use of steroids in Nova Scotia

- There is no information available on the use of anabolic steroids by Canadians.
- Among Nova Scotia students in 2007, 1.7 percent said they had used steroids in the past year.
- In 2007, the use among Nova Scotia students was more common among boys (2.5 percent) than girls (0.7 percent).

EMERGING ISSUE: METHAMPHETAMINE (CRYSTAL METH)

Note

Information about methamphetamine is intended for the teacher's information only rather than for use with students, unless local data indicate otherwise.

- Methamphetamine (called speed, crystal meth, ice, or crank) is often grouped with substances referred to as amphetamine-type stimulants (ATS), which also include ecstasy and amphetamine.[3] Among ATS, methamphetamine has a particularly high potential for abuse and addiction.
- Methamphetamine can be found in powder form or in a waxy form known as "base," "paste," "wax" or "point." "Crystal" or "ice" (d-methamphetamine hydrochloride) is usually a clear crystal of high purity that consists of a recrystallized powder. Methamphetamine can also be sold in capsules or tablets, generally referred to as speed in this form.
- The "high" experienced when using methamphetamine has been compared to that of cocaine, though methamphetamine is relatively cheap when compared to cocaine, and the effects last much longer.[4]

Immediate and short-term effects and harms

- At low doses, effects generally include increased alertness and energy, a feeling of well-being, decreased appetite, rapid heart beat and breathing, increased blood pressure, sweating, dilated pupils, elevated body temperatures, and dry mouth.
- At higher doses, a person may experience euphoria and a sense of feeling powerful and superior. Other effects include more intense sexual pleasure and endurance, becoming talkative, restless, excited, aggressive, or paranoid, or behaving in a bizarre, repetitive fashion. The positive attributes of crystal methamphetamine most cited by one sample of users are energy, aphrodisiac, sociability, euphoria, and loss of inhibitions. Weight loss may be experienced, which is often seen as a benefit, by women especially.
- Later in the high there is a state of agitation that can lead to violence in some. Problems and negative features often mentioned by users in two studies include the comedown, paranoia, inability to sleep, hallucinations, weight loss, and aggression. [5, 6]

[3] Deguire A.E. (2005). *Methamphetamine*. Ottawa: Canadian Centre on Substance Abuse.

[4] Zickler P. (2004). Long-term abstinence brings partial recovery from methamphetamine damage. *NIDA Notes* 19(4). http://www.drugabuse.gov/NIDA_notes/NNvol19N4/LongTerm.html

[5] Brecht M.L., O'Brien A., von Mayrhauser C., & Anglin M.D. (2004). Methamphetamine use behaviors and gender differences. *Addictive Behaviors* 29(1):89-106.

[6] Degenhardt L., Barker B., & Topp L. (2004). Patterns of ecstasy use in Australia: Findings from a national household survey. *Addiction*, 99(2): 187–195.

Effects and harms from long-term use

- Malnourishment may occur, because these drugs suppress the appetite.
- Amphetamine psychosis, which can include paranoia and sensation of insects crawling on the skin, usually ends upon stopping use; however, a small percentage fail to recover completely (they may have had mental health problems before starting to use amphetamines).[7, 8]
- Violent tendencies that are linked to psychosis are quite common among long-term users. [9] Violence, accidental or otherwise, is the leading cause of amphetamine-related deaths.
- Depression, cognitive difficulties, such as problems with abstract thought, capacity to learn and retain new information, and verbal competency, and memory problems may occur.
- Sexual dysfunction, an inability to achieve or maintain an erection, may result, leading to simultaneous use of erectile dysfunction drugs like Viagra by some. Rough sex presents a risk of bleeding and infection from blood-borne diseases.
- High rates of HIV are found among gay and bisexual meth/amphetamine injection drug users, a result of needle sharing, an increased number of partners, and increased rates and incidence of unprotected sex.
- Physical damage may include dental erosion, skin lesions, lung problems from smoking, inflammation of heart lining, and damage to dopamine- and serotonin-related brain cells.[10]
- Social problems associated with the used of methamphetamine include family strain/breakup, severe legal penalties, sex trade/drug dealing/petty criminal activity for drug money, unplanned pregnancy among women, and isolation due to criminality.
- Overdose can cause delusions, hallucinations, high fever, delirium, seizures, coma, stroke, heart failure, and in rare cases, death. Death can result from use as a consequence of burst blood vessels in the brain, heart failure, or very high fever.
- To find the desired effects, users may take higher doses of the drug, take it more frequently, or change their method of drug intake, with dependence often the result.
- Withdrawal effects include sleeping disturbances (nightmares, either sleeping a lot or hardly at all) shakiness, increased appetite, irritability, depression (which may last for months after the last binge), anxiety, and craving for the drug.

[7] Srisurapanont M., Kittirattanapaiboon P., & Jarusuraisin N. (2005). Treatment for amphetamine psychosis. The Cochrane database of systematic reviews. *The Cochrane Library*, 3.

[8] McKetin R. & McLaren, J. (2004). *The methamphetamine situation in Australia: A review of routine data sources*. Perth, AU: NDARC Technical Report No. 172.

[9] Ibid.

[10] It is not yet clear whether this damage reverses itself upon quitting.

Effects on the community and the environment

- Threat to safety of home occupants, first responders, and neighbours may be caused by clandestine labs in residential areas, especially since labs are usually discovered following a mysterious explosion or fire. Residents may lack a sense of public safety.
- Environmental harms may be caused by the production of methamphetamine and the disposal of the resulting waste. The chemicals involved are corrosive, explosive, flammable, and toxic.
- There are the economic impacts associated with community resources being diverted to deal with these issues and with reduced real estate values.

Methamphetamine and the law

In 2005, methamphetamine was moved from Schedule III of the Controlled Drugs and Substances Act to Schedule I of the act, which provides access to the highest maximum penalties. The maximum penalty for production and distribution of methamphetamine has increased from 10 years to life in prison.

A number of jurisdictions in Canada and the US have introduced legislation to limit the availability of "precursor" chemicals used to manufacture methamphetamine.

Use of methamphetamine in Nova Scotia:

Nova Scotia students were asked about methamphetamine (also known as crystal meth or speed) for the first time in 2007. Among Nova Scotia students, 1.6 percent said they had used methamphetamine in the past year.

The use of this drug does not follow the typical trend of overall increase in use as the grade increases. In grade 7, 1.1 percent reported use, 2.4 percent in grade 9, 2.2 percent in grade 10 and dropping to 0.8 percent in grade 12.

APPENDIX D: ASSESSMENT RUBRICS

Assessment of student progress

Rubrics are very useful for teacher assessment or student self-assessment. They evaluate a student's performance based on the sum of a full range of criteria rather than a single numerical score. The criteria are logically linked to the outcomes intended for a learning activity. For example, with a small-group discussion format, a teacher may intend for students to demonstrate "new knowledge" and "use of effective communication styles," and a rubric can help assess progress in these areas. Creating or adapting a rubric requires a teacher to be clear on his or her objectives. When developed with students or shared with them beforehand, rubrics can clarify for the students what is expected of them. All rubrics contain three common features[11]:

1. They focus on measuring a stated objective (e.g., performance, behaviour, or quality). Example: Role play a situation that portrays peer influence.
2. They use a range of logically linked criteria to rate performance. Examples of criteria for role playing: Clarity of speech; expression of feeling; use of body language; believability of the role; accuracy of the role.
3. They contain specific performance characteristics, often arranged in four levels indicating the degree to which a standard has been met. Example: Demonstrated *complete/strong/adequate/weak* accuracy of the role.

Advantages to using rubrics[12]

- Teachers can increase the quality of their direct instruction by providing focus, emphasis, and attention to particular details to direct student learning.
- Students have explicit guidelines regarding teacher expectations.
- Students can use rubrics as a tool to develop their abilities.
- Teachers can reuse or slightly modify an established rubric for many activities.

Steps in creating and using a rubric[13]

- Determine the concepts to be taught. What are the essential learning objectives?
- Choose the criteria to be evaluated. Name the evidence to be produced.
- Develop a grid. Plug in the criteria and performance levels.
- Share the rubric with students before they begin writing.
- Evaluate the end product. Compare individual students' work with the rubric to determine whether they have mastered the content.

[11] Adapted from the Kennesaw (Georgia) State University's Education Technology Center's Intech technology professional development program's description of rubrics (http://edtech.kennesaw.edu/intech/rubrics.htm).

[12] From The Advantages of Rubrics, Teachervision.com. http://www.teachervision.fen.com/teaching-methods/rubrics/4522.html?detoured=1#what_is_a_rubric.

[13] From Create an Original Rubric. Teachervision.com. http://www.teachervision.fen.com/teaching-methods/rubrics/4523.html?detoured=1

Sample rubric: Small-group discussion[14]

Criteria	Level 4	Level 3	Level 2	Level 1
Preparation	Almost always prepared with required materials and prep work for discussion	Usually prepared with required materials and prep work for discussion	Often prepared with required materials and prep work for discussion	Rarely prepared with required materials and prep work for discussion
Accuracy of information presented	All information presented in the discussion was clear, accurate, and thorough	Most information presented in the discussion was clear, accurate, and thorough	Most information presented in the discussion was clear and accurate, but was not usually thorough	Information had several inaccuracies or was usually not clear
Listening skills	Always listened respectfully to the perspective of others	Usually listened respectfully to the perspective of others	Often listened to the perspective of others	Rarely listened and often interrupted others
Speaking style	Consistently used eye contact, tone of voice, and a level of enthusiasm in a way that kept the attention of the group	Usually used eye contact, tone of voice, and a level of enthusiasm in a way that kept the attention of the group	Often used gestures, eye contact, tone of voice, and a level of enthusiasm in a way that kept the attention of the group	Rarely used eye contact, tone of voice, and a level of enthusiasm in a way that kept the attention of the group

Sample rubric: Role play

Criteria	Level 4	Level 3	Level 2	Level 1
Accuracy and believability of role	Point-of-view, arguments, and solutions proposed were always realistic and consistently in character	Point-of-view, arguments, and solutions proposed were usually realistic and in character	Point-of-view, arguments, and solutions proposed were often realistic and in character	Point-of-view, arguments, and solutions proposed were rarely realistic and in character
Clarity of speech	Speech is always clear and easy to understand	Speech is usually clear and easy to understand	Speech is often always clear and easy to understand	Speech is rarely clear and easy to understand
Expression and body language	Always expresses emotion through voice, facial expression, and gestures	Usually expresses emotion through voice, facial expression, and gestures	Often expresses emotion through voice, facial expression, and gestures	Rarely expresses emotion through voice, facial expression, and gestures
Knowledge gained	Can clearly explain several ways in which his or her character "saw" things differently than other characters and can explain why	Can clearly explain several ways in which his or her character "saw" things differently than other characters	Can clearly explain one way in which his or her character "saw" things differently than other characters	Cannot explain any ways in which his or her character "saw" things differently than other characters

[14] The rubrics presented were adapted from samples provided in the Rubistar section of the 4teachers.org site provided by Advanced Learning Technologies in Education Consortia (ALTEC), hosted by the University of Kansas, http://rubistar.4teachers.org/index.php.

APPENDIX E: RESOURCES

Addiction Services locations with prevention staff

(A) ADDICTION SERVICES (SHARED SERVICE AREA)
South Shore Health
Addiction Services, Prevention and Health Promotion
Fishermen's Memorial Hospital
14 High Street
PO Box 1180
Lunenburg, NS B0J 2C0
Tel: (902) 634-7325
Fax: (902) 634-7169

South West Health
Addiction Services, Prevention and Health Promotion
50 Vancouver Street
Yarmouth, NS B5A 2P5
Tel: (902) 742-2406
Fax: (902) 742-0684

Annapolis Valley Health
Addiction Services, Prevention and Health Promotion
Eastern Kings Memorial Community Health Centre
23 Earnscliffe Drive
PO Box 1180
Wolfville, NS B4P 1X4
Tel: (902) 542-6370
Fax: (902) 542-6607

(B) ADDICTION SERVICES (SHARED SERVICE AREA)
Colchester East Hants Health Authority
Addiction Services, Prevention and Community Education
East Hants Resource Centre
Suite 15015, Commerce Court
Elmsdale, NS B2S 2K5
Tel: (902) 883-0295
Fax: (902) 883-7037

Cumberland Health Authority
Addiction Services, Prevention and Community Education
All Saints Hospital
PO Box 700, Springhill, NS B0M 1X0
Tel: (902) 597-8647
Fax: (902) 597-3955

Pictou County Health Authority
Addiction Services, Prevention and Community Education
Aberdeen Professional Centre
1st Floor, 825 East River Road, New Glasgow, NS B2H 3S6
Tel: (902) 755-7017
Fax: (902) 928-0208

C) ADDICTION SERVICES (SHARED SERVICE AREA)
Guysborough Antigonish Strait Health Authority
Addiction Services Prevention and Community Education
23 Bay Street, 2nd Floor, Antigonish, NS B2G 2G5
Toll Free: 1-888-291-3535
Tel: (902) 863-5393
Fax: (902) 863-0160

Cape Breton District Health Authority
Addiction Services, Prevention and Community Education
235 Townsend Street, 1st Floor
Sydney, NS B1P 5E7
Toll Free: 1-888-291-3535
Tel: (902) 563-2590
Fax: (902) 563-2062

D) ADDICTION PREVENTION AND TREATMENT SERVICES
Capital District Health Authority
Prevention and Community Education
PO Box 896
300 Pleasant Street, Dartmouth, NS B2Y 3Z6
Toll Free: 1-866-340-6700
Tel: (902) 424-8866
Fax: (902) 424-0627

READING LIST ON SUBSTANCE ABUSE FOR ADOLESCENTS

(Available at bookstores and public libraries)

Aker, Don. *The First Stone*. Toronto: HarperCollins, 2003.

Winner of the 2004 Ann Connor Brimer Award for Children's Literature, this book focuses on Chad, a 17-year-old who has been raised in several foster homes since the death of his alcoholic grandfather and his grandmother. Chad makes some bad decisions and becomes responsible for the hospitalization of Leeza, who is in a coma. Chad is sentenced by the court to assist with her rehabilitation. Neither Chad nor Leeza knows the role that Chad has played in Leeza's hospitalization. (Ages: 13+)

Fearnley, Fran (editor). *I Wrote on All Four Walls: Teens Speak out on Violence*. Toronto: Annick Press, 2004.

Nine teens tell different and dreadful stories of life in violent families and the choices they make to survive. (Ages: 15+)

Ferry, Charles. *Binge*. Rochester, MI: Daisy Hill Press, 1992.

Weldon Yeager is an 18-year-old alcoholic who is trying to recover and get back his former girl friend, Livvy. When the story begins, Weldon is in a hospital bed following a car accident in which he has run over four teenagers. Two of the victims have already died, and one of Weldon's feet has been amputated. Ending with the death of Livvy as a result of the accident, this short, tough story may result in some adolescents rethinking their attitudes towards drinking and driving.

Fischer, Jackie. *An Egg on Three Sticks*. New York: Thomas Dunne Books, 2004.

Set in the San Francisco of the 1970s, this humourous and hopeful novel describes Abby's attempts to keep her family together, be a 13-year-old, and obtain the love of her mother, following her mother's mental breakdown.

Flaming, Allen, and Kate Scowen (compilers). *My Crazy Life: How I Survived My Family*. Toronto: Annick Press, 2002.

This collection of real-life stories, compiled by two Toronto social workers, provides a truthful account of the desperate family situations and lives of several adolescents who overcame great personal difficulties and emerged as survivors. The stories describe life in families with mental illness, alcoholism and other forms of addiction, stealing, abuse, homosexuality, and loss of a parent through death or divorce. (Ages: 14+)

Foon, Dennis. *Double or Nothing*. Toronto: Annick Press, 2001.

This convincing story describes Kip's compulsive entanglement with high-stakes gambling. (Ages: 13+)

Musgrave, Susan (editor). *Nerves out Loud: Critical Moments in the Lives of Seven Teen Girls*. Toronto: Annick Press, 2001.

Seven women describe in a series of autobiographical chapters key moments or events that changed their lives as teenagers.

Stratton, Allan. *Leslie's Journal*. Toronto: Annick Press, 2000.

Leslie is dating Jason McCready, the new, extremely cool boy at her school. Soon Jason is trying to control Leslie's life. The realistic book deals with Leslie's struggle to find herself as she searches for approval.

Toten, Teresa. *The Game*. Calgary: Red Deer Press, 2001.

Nominated for a Governor General's Literary Award in the English juvenile literature category, this absorbing book focuses on the dysfunctional life of Dani Webster. As the story opens, we learn that Dani and her younger sister, Kelly, use a game to cope with their father's perfectionism and their mother's lack of involvement in their lives and that Dani has become a patient in the Riverbend Clinic, a psychiatric facility for teenagers with problems, because of her involvement with alcohol and drugs. It's at Riverbend that Dani encounters Scratch, the self-mutilator, and Kevin, a homosexual whose family are having difficulty acknowledging his sexual orientation. A friendship develops, which helps Dani regain her health and discover the truth about her family. (Ages: 14–17)

WEBSITES RELEVANT TO STUDENTS AND TEACHERS[15]

These web links were active at the time of publication of this resource. It is not possible to make sure that these links remain active over time. Teachers are encouraged to consult the Department of Education website for an ongoing, updated list of active websites on alcohol and other drugs.

For Students

AADAC My Room: A site for elementary and junior high students aged 11–13 years, produced by the Alberta Alcohol and Drug Abuse Commission (AADAC) *http://www.aadac4kids.com/index.asp*

Be Drug Wise: Health Canada's site designed to provide teens with the information needed to make conscious, informed choices about alcohol and other drugs *http://www.drugwise-droguesoisfute.hc-sc.gc.ca*

Body Effects—How Alcohol Affects Your Body: Interactive game on a site sponsored by the New Zealand government's Alcohol Advisory Council *http://www.alac.org.nz/BodyEffect.aspx?PostingID=1550*

Drinkingfacts.ca A youth website to raise awareness about the harms associated with high-risk drinking. Developed by the Canadian Public Health Association for youth ages 14 – 18 *http://www.drinkingfacts.ca*

FreeVibe: A site directed to teens sponsored by the US White House Office of National Drug Control Policy (ONDCP) *http://www.freevibe.com*

Get It Straight!: A site sponsored by the US Drug Enforcement Administration (DEA) *http://www.usdoj.gov/dea/pubs/straight/cover.htm* *http://www.alac.org.nz/BodyEffect.aspx?PostingID=1550*

LifeBytes: A site on health issues for young people aged 11–14 sponsored by the UK government that includes information on drugs and alcohol, among other topics *http://www.lifebytes.gov.uk*

Mind, Body and Soul: A site on health issues for young people aged 14–16 sponsored by the UK government that includes information on drugs and alcohol among other topics *http://www.mindbodysoul.gov.uk*

[15] Please note that although these websites were reviewed and considered generally appropriate when accessed in 2005–2006, it is important that teachers assess the sites to ensure that they are relevant and appropriate.

Neuroscience for Kids—Alcohol: A site directed to junior high youth by the University of Washington
http://faculty.washington.edu/chudler/alco.html

NIDA for Teens: The Science behind Drug Abuse: A site produced by the US National Institute on Drug Abuse (NIDA)
http://teens.drugabuse.gov/

Talk to FRANK: A site sponsored by the UK government that gives information and answers about drugs and alcohol
http://www.talktofrank.com

Zoot2: A site for adolescents produced by the Alberta Alcohol and Drug Abuse Commission (AADAC)
http://www.zoot2.com/index.asp

For Teachers

AADAC's Information for Teachers: A site produced by the Alberta Alcohol and Drug Abuse Commission (AADAC) with curriculum guides and other classroom resources for educators
http://teacher.aadac.com/

Be Drug Wise: Health Canada's interactive website for youth and parents on drug information, particularly cannabis and alcohol
http://www.drugwise.gc.ca

Best Advice Paper: Alcohol and Drug Prevention Programs for Youth: What Works? Published by the Centre for Addiction and Mental Health (CAMH) in Ontario.
http://www2.camh.net/best_advice/best_prevention_youth.html

Canadian Centre on Substance Abuse: Canada's national addictions agency, with the mission of providing objective, evidence-based information and advice that will help reduce the health, social, and economic harm associated with substance abuse and addictions.
http://www.ccsa.ca

Capital Health, Addiction Prevention and Treatment Services: A links directory that includes a link to the Nova Scotia Department of Health publication *When Drugs Come to School: A Resource Manual for Student Substance Use and School-Based Policy*
http://www.cdha.nshealth.ca (Click on "Services", then on "Addiction Prevention and Treatment Services", and then on "Links".)

Global Youth Network: Youth & Drugs: Website sponsored by the United Nations Office on Drugs and Crime. A global understanding of trends and prevention measures could be an asset to educators. There are free pamphlets that can be printed as well.
http://www.unodc.org/youthnet/index.html

Nova Scotia Department of Health Promotion and Protection, Addiction Prevention Addiction Services: Access to the latest reports and resources
http://www.gov.ns.ca/hpp/addictionPrevention.html

Mind over Matter Index: A free resource and curriculum guide for teachers of students in grades 5–9, produced by the US National Institute on Drug Abuse (NIDA)
http://www.drugabuse.gov/MOM/MOMIndex.html

Media Awareness Network: A site featuring lesson plans for teachers, including *The Target is You*, lessons on alcohol advertising, grades 4–8
http://www.media-awareness.ca/

Ontario Curriculum Guide: A resource outlining expectations and guidelines for each grade level from grade 1 through to grade 8 with full outlines of teaching plans and questions that can be used by educators
http://sano.camh.net/guide.htm

Preventing Substance-use Problems among Young People: A Compendium of Best Practices: A best practices report produced by Health Canada (2001)
http://www.hc-sc.gc.ca/ahc-asc/alt_formats/hecs-sesc/pdf/pubs/drugs-drogues/prevent/young-jeune_e.pdf

Your Life, Your Choice: A web-based alcohol education resource for teachers of 13- to 14-year-olds sponsored by the Brewers Association of Canada in 2000
http://www.2learn.ca/currlinks/Health/E/MainMenu/index.html

APPENDIX F: TEACHER EVALUATION FORM FOR *A QUESTION OF INFLUENCE*

This supplement was prepared with the aim of supporting teachers in fulfilling the Department of Education's curriculum requirements (2007). In doing so, it also aimed to reflect the most current drug use trends, the best practices in drug education, and the input of a small selection of teachers and students.

Your reaction to the supplement, on having used it, would be very helpful to the Nova Scotia Department of Health Promotion and Protection and the Department of Education. Please rate the following:

	Very useful	Moderately useful	Not useful/ don't know
Introductory sections (I–IV)			
Underpinnings of this supplement	❍	❍	❍
Getting the most out of this supplement	❍	❍	❍
Preparing to use this supplement	❍	❍	❍
Grade 7			
Learning theme: How I influence myself	❍	❍	❍
Learning theme: How others influence me	❍	❍	❍
Learning theme: How I am influenced by the world around me	❍	❍	❍
Wrap-up	❍	❍	❍
Grade 8			
Learning theme: How I influence myself	❍	❍	❍
Learning theme: How others influence me	❍	❍	❍
Learning theme: How I am influenced by the world around me	❍	❍	❍
Wrap-up	❍	❍	❍
Grade 9			
Learning theme: How I influence myself	❍	❍	❍
Learning theme: How others influence me	❍	❍	❍

Grade 9 continued...	Very useful	Moderately useful	Not useful/ don't know
Learning theme: How I am influenced by the world around me	❍	❍	❍
Wrap-up	❍	❍	❍
Appendices			
A. Letter to Parents	❍	❍	❍
B. Understanding Drugs	❍	❍	❍
C. Detailed Drug Information for Selected Drugs	❍	❍	❍
D. Resources	❍	❍	❍
E. Assessment Rubrics	❍	❍	❍

Comments and suggestions for enhancing delivery of this supplement and improving future supplements:

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Please mail to:
Nova Scotia Department of Health Promotion
and Protection, Addiction Services,
PO Box 487, Halifax, NS B3J 2R7

Or fax to
Nova Scotia Department of Health Promotion and Protection at
(902) 424-7389